

**Public Infrastructure, Environment, and Sustainability Committee**  
**Meeting Agenda for**  
**March 23, 2020**  
**COUNCIL CHAMBERS**

**Nonessential staff and the public are encouraged to watch the meetings live on City Cable 5 <https://my.spokanecity.org/citycable5/live/> as attendance in Chambers will be limited.**

The Spokane City Council's Public Infrastructure, Environment, and Sustainability Committee meeting will be held at **1:15 p.m. on March 23, 2020** in Council Chambers, Lower Level, City Hall, 808 West Spokane Falls Boulevard, Spokane, Washington.

The meeting will be conducted in a standing committee format. Because a quorum of the City Council may be present, the standing committee meeting will be conducted as a committee of the whole council. The Public Infrastructure, Environment and Sustainability Committee meeting is regularly held every 4<sup>th</sup> Monday of each month at 1:15 p.m. unless otherwise posted.

The meeting will be open to the public, with the possibility of moving or reconvening into executive session only with the members of the City Council and the appropriate staff. No legislative action will be taken. No public testimony will be taken and discussion will be limited to appropriate officials and staff.

**AGENDA**

**I. Call to order**

**II. Approval of minutes from February 24, 2020**

**III. Discussion items**

A. Council requests

1. Consent items for discussion
2. Legislative update (if needed)
3. Update from Verizon on wireless rollout (15 minutes)
4. US 195 corridor and WSDOT letter
5. Ray-Freya alternatives analysis
6. Avista Transportation Electrification Plan (15 minutes)
7. Bigelow-Sullivan Corridor Freight Mobility & Safety Project Letter of Support Request
8. Housing and essential needs amendment and extension - Matt Davis

B. Staff requests

1. Rate setting proposed timelines – Scott Simmons
2. Street design standards – Inga Note
3. 2019 Technical Drinking Water report – Doug Greenlund

**IV. Strategic initiatives session – Council Member Beggs and Scott Simmons**

**Priority strategy 1: Rapidly accelerating street pavement maintenance projects**

- Transportation project funding

**Priority strategy 2: Repurposing public property and assets to stimulate private investment**

- No report this meeting.

**Priority strategy 3: Sustainable city**

- No report this meeting.

**V. Consent items**

1. Resolution for Settlement of Litigation (Risk Management/Legal)
2. Kempe to Woodridge transmission main (Engineering Services)
3. Arterial curb ramp (Engineering Services)
4. Hatch Bridge deck replacement design contract (Engineering Services)
5. Contract with GHD for 20-yr capital utility facilities plan analysis (ICM)
6. Contract for fire control - panel work (Riverside Park Water Reclamation Facility)
7. Nuvo Gap B product from Specialty Asphalt (Streets Department)
8. SA Premier hot-pour rubberized sealant from Specialty Asphalt (Streets Department)
9. Sole source resolution and contract for turbine generator repairs and maintenance (Waste to Energy)
10. Sole source resolution and contract for NERC/FERC reliability standards compliance monitoring and reporting program (Waste to Energy)
11. Master service contract for Arborist on call services (Purchasing)
12. Oracle – Annual Software Maintenance and Support (ITSD)
13. Carahsoft – Customer Relationship Management(CRM) System (ITSD)
14. Consolidated homeless grant – County partnership (NBS – CHHS)

**VI. Executive session**

Executive Session may be held or reconvened during any Public Infrastructure, Environment, and Sustainability Committee meeting.

**VII. Adjournment**

**Next Public Infrastructure, Environment, and Sustainability Committee meeting**

The next meeting will be held at the regular date and time of April 27, 2020 1:15 p.m. in the Council Chambers. Nonessential staff and the public are encouraged to watch the meetings live on City Cable 5 <https://my.spokanecity.org/citycable5/live/> as attendance in Chambers will be limited.

**STANDING COMMITTEE MINUTES**  
**City of Spokane**  
**Public Infrastructure, Environment, and Sustainability**  
**February 24, 2020**

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**Committee members present**

Council President Breean Beggs, Committee Chair  
Council Member Michael Cathcart, Vice Committee Chair  
Council Member Kate Burke  
Council Member Lori Kinnear  
Council Member Candace Mumm  
Council Member Karen Stratton  
Council Member Betsy Wilkerson

**Staff present**

Hannahlee Allers, Chris Averyt, Kris Becker, Tirrell Black, Shae Blackwell, Dustin Bender, Eldon Brown, Dan Buller, Giacobbe Byrd, Chirs Cafaro, Kirstin Davis, Marlene Feist, Eric Finch, Raylene Gennett, Nick Hammad, Clint Harris, Garrett Jones, Dan Kegley, Rod Mann, Brian McClatchey, Louis Meuler, Katherine Miller, Colin Naake, Mike Ormsby, Kyle Overbust, David Paine, Kevin Picanco, Erik Poulsen, Elizabeth Schoedel, Mark Serbousek, Riley Smith, Sally Stopher, Paul Warfield, Kandace Watkins

Council Member Beggs called the meeting to order at 1:15 p.m.

**Review and approval of minutes**

Council Member Beggs asked for a motion to approve the minutes of the January 27, 2020 meeting.

- **Action taken**
- Council Member Wilkerson moved to approve the minutes of the January 27, 2020 meeting as presented; the motion was seconded by Council Member Burke.

**Discussion items**

**A. Council Requests**

1. Boards and Commissions Interviews  
The Committee interviewed three candidates for the Arts Commission.
2. Consent items for discussion
3. Legislative Update (if needed)
4. Vaulted Sidewalk Policy – This item was not discussed.

**B. Staff Requests**

1. Update on Downtown and North Bank construction  
Marlene Feist gave a brief update on the construction planned this year around downtown. She reviewed the pedestrian route changes and communication.

Discussion was had on the timeline for the suspension bridge closures. Staff answered questions about the terms of the contracts and the waterline project in conjunction with the Post Street Bridge project.

2. Washington Commerce grant award for Housing Action Plan

Terrill Black discussed the grant that focuses on the supply of housing across all levels, transportation connections and minimize displacement of low income residents. She discussed the public participation and implementation strategies and the actions required. Spokane Valley is also receiving a grant and planners will collaborate where there is cross over.

### Strategic Plan Session

A. Priority Strategy 1. Rapidly accelerating street pavement maintenance projects

- No report this meeting.

B. Priority Strategy 2. Repurposing public property to stimulate private investment

- West Plains Public Development Authority

Todd Coleman discussed the West Plains Public Development Authority current focus, including developing a regional stormwater facility and are proceeding with a study and as development occurs, exploring planning phases, and funding. He also discussed development of a wetlands mitigation bank, locating, meeting with agencies for the long-term process. Todd gave an overview of the work to make improvements to the transportation system connecting airway heights and city of Spokane working with a consultant of the design of 6<sup>th</sup> and 12<sup>th</sup> avenue. Todd discussed the marketing brand and new website as well as focus on continued education of local workforce.

C. Priority Strategy 3. Sustainable city

- Update on Parks water conservation projects

Garret Jones gave a brief overview of the coordination work with the Water Department and introduced Nick Hammad. Nick discussed the goals of the five projects including a reduction of 30% in water use. He gave an overview of the Indian Canyon automated sprinkler system, Esmeralda golf course completed automated sprinkler system and underground piping for future stormwater. He discussed Manito Park low meadow, Friendship park splash pad sensor upgrades, Manito Japanese Garden Pond construction this fall with 85% water savings. Discussion was had on park system planting and turf reduction by evaluating the type and standardizing the sprinkler systems.

### Consent items

1. Post St. Bridge replacement (Engineering Services)
2. Two-year value blanket contract with Cascade Engineering (Solid Waste Collection)
3. Value blanket for automotive filters (Fleet Services)
4. Utility concrete repair services contract (Wastewater)
5. Utility construction agreement UTB 1388 (Development Services Center)

Executive session

Council President Beggs announced a 15 minute executive session to discuss labor negotiations at 2:27 p.m. It was extended for ten minutes by announcement and the executive session ended at 2:55 p.m. at which time Council President Beggs announced the end of executive session and adjourned the regular meeting.

Adjournment

The meeting adjourned at 2:55 p.m.

Prepared by:

Barbara Patrick, Administrative Specialist

Approved by:

\_\_\_\_\_  
Chair

DRAFT



February 16, 2020

Mayor Nadine Woodward and Council President Breean Beggs  
City of Spokane

**Subject: Bigelow-Sullivan Corridor Freight Mobility & Safety Project - Support Letter Request**

Dear Mayor Woodward and Council President Beggs,

The City of Spokane Valley and Spokane County need your support!

Our two agencies are teaming up to secure federal funding required to complete important safety and freight improvements on our regional corridor. Spokane County's Bigelow Gulch Road project realigns, widens and reconstructs a dangerous rural freight route that connects into a busy urban industrial corridor at North Sullivan Road's interchange with Trent Avenue (State Route 290). Once connected, the corridor will serve as a freight route connecting regional industries from northeast Spokane and east Spokane Valley, bypassing Interstate 90 through the congested downtown core. The project will improve safety and reliability of the existing corridor supporting the rapid-growing freight movements across the Inland Northwest.

Our two agencies are diligently working to submit a joint-application to the United States Department of Transportation's Infrastructure For Rebuilding America (INFRA) program. INFRA funds highway and freight projects of national or regional significance. Our proposed application will seek the remaining funds needed to complete the Bigelow Gulch Corridor reconstruction projects and to reconstruct the Sullivan Road/Trent Avenue interchange project. A project map has been attached to the City's website and is available [here](http://spokanevalley.org/sullivancorridor) (spokanevalley.org/sullivancorridor).

With your support, this project can get the recognition and funding required for success. In order to show your support, we would greatly appreciate a letter of support that we can submit with our grant application. To aid in the process, we are including a draft letter of support which includes several identified benefits in the text of the letter (see bulleted list) that you may choose to include in your letter.

**Please complete and return your letter as soon as possible.** Letters should be emailed to [CityHall@SpokaneValley.org](mailto:CityHall@SpokaneValley.org). Mailed copies may be sent to 10210 E. Sprague Ave., Spokane Valley, WA, 99206.

If you have any questions or would like more information about the project, please contact Adam Jackson, Engineer – Planning & Grants, at [ajackson@spokanevalley.org](mailto:ajackson@spokanevalley.org) or 509-720-5024.

Thank you for your time and assistance,

Ben Wick, Mayor  
On Behalf of Spokane Valley City Council

Al French, Chair  
On Behalf of Spokane County Commissioners

**Your Logo Here**

<<<PLEASE COMPLETE THIS LETTER AND RETURN TO THE CITY. THE LETTER WILL BE POSTED TO THE PROJECT WEBSITES FOR SPOKANE COUNTY AND SPOKANE VALLEY>>>

<<Please insert today's date>>

City Councilmembers  
City of Spokane Valley  
10210 E Sprague Ave.  
Spokane Valley, WA 99206

**RE: Project Support for Bigelow-Sullivan Corridor Freight Mobility & Safety Project**

Councilmembers and Commissioners:

I am writing to express my support of the Spokane County and City of Spokane Valley joint application for funding of the Bigelow-Sullivan Corridor Freight Mobility & Safety project.

As an adjoining municipality we support this application which improves freight movements through the greater Spokane region and fixes the safety hazards along a dangerous, busy, narrow, rural connector between two growing industrial, urban areas. **[DESCRIBE YOUR CITY: POPULATION AND CONNECTION TO THE COORIDOR.]**

I'd like to highlight some of the details of the project that are most significant to my organization: **[DISCUSS PROJECT BENEFITS FROM THE LIST BELOW THAT ARE IMPORTANT TO YOUR CITY]**

Economic Competitiveness

- Promotes efficient freight mobility via road and rail networks.
- Enhance the access and reliability to buildable industrial properties in northeast Spokane or east Spokane Valley

Mobility

- The project adds Intelligent Transportation Systems for the length of the corridor, alerting drivers to road conditions or hazards and notifying users of travel time delays or suggested alternate routes.
- The project adds additional travel lanes, turn lanes, truck climbing lanes and shoulder space to an established freight and commuter corridor.
- The realignment and widening of the Bigelow Gulch Corridor increases capacity providing for efficient and reliable movement of freight and goods.
- The project reconstructs the Sullivan/Trent interchange, improving its intersection operations and rebuilds the bridges over BNSF railroads and over Trent Ave.
- According to WSDOT's Washington State Rail Plan, almost 94 percent of Washington's east-west bulk cargo rail traffic travels through this project's rail corridor.

- The BNSF railway carries an average of 58 freight and two passenger trains daily, and usage on the line is estimated to serve 114 trains by 2035. This project allows the BNSF the opportunity to progress with their double track expansion project and increase rail capacity through a bottleneck on its system.
- Once the Bigelow Gulch Road project is complete, the Sullivan/Trent interchange will experience almost twice as many peak hour vehicle trips, straining the safety and efficiency of the two intersections at Trent Ave.

#### Safety / Quality of Life/Environmental

- This project drastically improves the safety of a narrow, undersized rural collector and commuter route that has a history of fatal and serious crashes.
- Improves ADA-accessible pedestrian facilities to current standards.
- Improves network redundancy, important for emergency vehicles, travel reliability and transit operations.
- Reduces congestion, fuel consumption and tailpipe emissions for vehicles idling in delayed traffic using Spokane's arterial system and Interstate 90.

#### Regional Strategy

- The corridor improvement an integral piece of the region's long range transportation plan.
- Provides traffic communication infrastructure across the entire length of the project, linking the project's traffic signals to the region's traffic control center.
- The corridor is funded by multiple federal, state, regional, and local funding programs. Funding from the highest level can be the last dollars in and deliver an impactful project that benefits the region.

This project is key to the growth and prosperity of the Spokane region and its booming manufacturing and industrial businesses. If our transportation network cannot safely and efficiently support commerce in the region, we cannot succeed. In order to help our business and community thrive, we urge you to provide funding crucial to the construction of the Bigelow-Sullivan Corridor Freight Mobility & Safety project.

Sincerely,

[NAME]

[TITLE]

[BUSINESS NAME]



## Briefing Paper

### Public Infrastructure, Environment, & Sustainability Committee

<b>Division &amp; Department:</b>	Neighborhood and Business Services – Community, Housing, and Human Services
<b>Subject:</b>	Housing and Essential Needs Amendment & Extension
<b>Date:</b>	3/11/20
<b>Author (email &amp; phone):</b>	Matt Davis ( <a href="mailto:mrDavis@spokanecity.org">mrDavis@spokanecity.org</a> ext. 6815)
<b>City Council Sponsor:</b>	N/A
<b>Executive Sponsor:</b>	Tim Sigler
<b>Committee(s) Impacted:</b>	Public Safety and Community Health
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	2015-2020 Strategic Plan to End Homelessness; 2015-2020 Consolidated Plan for Community Development
<b>Strategic Initiative:</b>	Safe & Healthy / Reduce Homelessness
<b>Deadline:</b>	Latest possible effective date for the amendment is 4/1/2020
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	CHHS is requesting permission to substantially amend the subrecipient agreement with Goodwill Industries of the Inland Northwest (GIIN) funded Housing and Essential Needs (HEN) funds granted to the City by the Department of Commerce to add additional funds for the last quarter of state fiscal year (SFY) 2020 and extend the end date to 6/30/20.
<b>Background/History:</b> The Spokane Continuum of Care did not recommend an award for the Housing and Essential Needs (HEN) for any proposal for that program received by CHHS during the 5-Year Consolidated CHHS RFP process. In order to elicit a proposal from community providers that would address the changing priorities of HEN, it was determined that a separate RFP process would need to be conducted. To ensure continuity of service in the intervening time-period, the current operator, GIIN, received supplemental award from the 2017-19 CHHS funding cycle for the period 7/1/19 to 3/30/20. Subsequently it was determined that any reward resultant from the HEN RFP would be best poised for success by starting at the beginning of SFY 2021 to align with legislative changes to HEN effective 7/1/20.	
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• The Department of Commerce awarded CHHS \$2,207,584.63 in CHG funds for the period 7/1/19 to 6/30/20</li> <li>• The City has subgranted \$1,578,423.00 to GIIN to ensure continuity of service for HEN eligible households within Spokane County.</li> <li>• The City has retained \$103,020.63 for administrative oversight costs.</li> <li>• CHHS is seeking permission to amend the current agreement with GIIN to add \$526,141.00 and extend the end date of the agreement to 6/30/20 to align with the anticipated start date for any HEN projects awarded under the 2020 HEN RFP conducted by CHHS</li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If new, specify funding source: N/A	
Other budget impacts: N/A	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Requires change in current operations/policy?

Yes

No

Specify changes required: None.

Known challenges/barriers: None.



**City of Spokane**  
**AGREEMENT AMENDMENT B**  
Title: Housing and Essential Needs Program

This Agreement Amendment is made and entered into by and between the **City of Spokane** as (“City”), a Washington municipal corporation, and **Goodwill Industries of the Inland Northwest**, whose address is 130 East Third Avenue, Spokane, Washington 99202 as (“GRANTEE”).

*WHEREAS, the parties entered into an Agreement wherein the GRANTEE agreed to administer for the City the Housing and Essential Needs Program; and*

*WHEREAS, a change or revision of the work has been requested, thus the original Agreement needs to be formally Amended by this written document and*

*WHEREAS, additional time is required, and thus the Original Agreement time for performance needs to be formally extended by this written document; and*

*WHEREAS, additional funds are necessary to complete the Project, thus the original Agreement needs to formally Amended by this written document; and*

*WHEREAS, additional funding has been made available under the 2019-2021 Consolidated Homeless Grant, Grantor Award # 20-46108-30, Total Award \$6,126,360.26, and issued on July 15, 2019; and*

*WHEREAS, the parties desire to increase funding and modify the corresponding Project budget and to supplant the original Agreement billing form Attachment referenced as part of the original Agreement documents; and*

*-- NOW, THEREFORE, in consideration of these terms, the parties mutually agree as follows:*

**1. CONTRACT DOCUMENTS.**

The original Agreement, dated August 14, 2019, any previous amendments, addendums and / or extensions / renewals thereto, are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

**2. EFFECTIVE DATE.**

This Agreement Amendment shall become effective on April 1, 2020.

**3. EXTENSION.**

The Agreement documents are hereby extended and shall run through June 30, 2020.

**4. AMENDMENT.**

**SECTION NO. 3 – BUDGET.** The total amount City shall pay GRANTEE is increased by **FIVE HUNDRED TWENTY SIX THOUSAND ONE HUNDRED FORTY ONE AND NO/100 DOLLARS (\$526,141.00)** for everything furnished and done under this Amendment which equates to a new total Agreement amount not to exceed **TWO MILLION ONE HUNDRED FOUR THOUSAND FIVE HUNDRED SIXTY FOUR AND NO/100 DOLLARS (\$2,104,564.00)** for everything furnished and done under the original Agreement and this Amendment. This is the maximum amount to be paid under this Amendment and original Agreement, and shall not be exceeded without the prior

written authorization of the City, memorialized with the same formality as the original Agreement and this Amendment document. The original Agreement BUDGET chart is modified as follows (this budget chart entirely replaces the budget chart portrayed in SECTION NO. 3 {page 4} of the original Agreement):

Category	Amount
Rent and Housing Costs	\$1,451,651
Operations	\$609,440
Administration	\$43,473
TOTAL	\$2,104,564

**5. AMENDMENT.**

SECTION NO. 9.C.3 – Payment Procedures

The CITY shall reimburse the GRANTEE only for actual incurred costs upon presentation of accurate and complete reimbursement forms as provided by the CITY in ~~Attachment B~~ Attachment 1 and approved by the CITY. Only those allowable costs directly related to this Agreement shall be paid. The amount of each request must be limited to the amount needed for payment of eligible costs.

Requests for reimbursement by GRANTEE shall be submitted no more than once per month on or before the 10<sup>th</sup> of each month for the previous month’s expenditures as directed below, using the forms provided by the CITY in ~~Attachment B~~ Attachment 1. For expenses incurred during the month of December, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of January, and for expenses incurred during the month of June, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of July. In conjunction with each reimbursement request, GRANTEE shall certify that services to be performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other founding source. GRANTEE shall submit reimbursement requests to the CITY’s Contract Representative designated on the FACE SHEET of this Agreement either by mail to the address listed above or by e-mail to [chhsreports@spokanecity.org](mailto:chhsreports@spokanecity.org).

a. Reimbursement Requests

The GRANTEE shall submit comprehensive invoice packets for the first and last months of the period of performance as identified on the FACE SHEET of this Agreement. Comprehensive invoices must include the billing form, sub-reports, general ledger, and complete supporting documentation. The CITY may request a comprehensive invoice in lieu of a monthly invoice for monitoring purposes throughout the period of performance of this Agreement.

With the exception of the invoices for the first and last months of the project, the GRANTEE shall submit monthly invoices that include the billing form, appropriate sub-reports (e.g. payee expense detail, staff expense detail, housing assistance detail report, program income), and the general ledger report for the applicable month. The GRANTEE shall maintain appropriate supporting documentation, including copies of receipts, time and effort tracking, and proof of payment.

b. Payment

Payment will be made via direct deposit/ACH within thirty (30) days after receipt of the GRANTEE’s application except as provided by state law. If the CITY objects to all or any portion of the invoice, it shall notify the GRANTEE and reserves the right to only pay that portion of the invoice not in dispute. In that event, the parties shall immediately make every effort to settle the disputed amount.

In the event that the CITY determines that any funds were expended by the GRANTEE for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, the CITY may order repayment of the same. The GRANTEE shall remit the disallowed amount to the CITY within thirty (30) days of written notice of the disallowance.

i. The GRANTEE agrees that funds determined by the CITY to be surplus upon completion of the Agreement will be subject to cancellation by the CITY.

- ii. The CITY shall be relieved of any obligation for payments if funds allocated to the CITY cease to be available for any cause other than misfeasance of the CITY itself.
- iii. The CITY reserves the right to withhold payments pending timely delivery of program reports or documents as may be required under this Agreement.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Agreement Amendment by having legally-binding representatives affix their signatures below.

**GOODWILL INDUSTRIES OF THE INLAND NORTHWEST**

**CITY OF SPOKANE**

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Attest:

Approved as to form:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Assistant City Attorney

**Attachments that are part of this Agreement:**  
Attachment 1 – Debarment Certification  
Attachment 2 – REVISED Grantee Billing Form

**ATTACHMENT 1**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION**

1. The undersigned (i.e., signatory for the Subrecipient / Contractor / Consultant) certifies, to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
  - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
  - d. Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.

2. The undersigned agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.

3. The undersigned further agrees by signing this contract that it will include the following clause, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

1. The lower tier contractor certified, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.

4. I understand that a false statement of this certification may be grounds for termination of the contract.

<u>Goodwill Industries of the Inland Northwest</u> Name of Subrecipient / Contractor / Consultant (Type or Print)	<u>Housing and Essential Needs (HEN)</u> Program Title (Type or Print)
<hr/> Name of Certifying Official (Type or Print)	<hr/> Signature
<hr/> Title of Certifying Official (Type or Print)	<hr/> Date (Type or Print)

## Information & Instructions for Completing Grantee Billing Form & Itemized Expense Reports

A reimbursement request, otherwise known as a bill or invoice, consists of a Grantee Billing Form, Payee Expense Report, Staff Expense Report and detailed documentation of the expenses. The billing form includes the approved budget categories and amounts during the active performance period of the Agreement. The Payee Expense Report and Staff Expense Report should be completed to detail each itemized expense being requested on the billing form in the Current Expense Request in Column B in aggregate value for each Approved Budget Category for the current expense period.

You should bill monthly for expenditures. If there have been no expenditures paid for the previous month, an invoice is not required. Please submit a final reimbursement request with all required documentation by the identified date in your Agreement. A final program report will be required to be submitted as well. You will not be paid until all documentation and final reports are received. HMIS Data MUST be electronically posted in the HMIS database before invoices will be paid.

Complete the Staff Expense Report for each employee you are requesting reimbursement of salary and fringe benefits based on the allowed activity and amount of actual time spent performing that activity. Record the employee Name, allowed Activity being funded, the Expense Category of the approved budget applicable to the activity, Total Hours Worked, Hours Worked on Listed Activity, and Total Salary & Fringe paid during the Expense Period. If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. Total Salary and Fringe should be reflected as the monthly amount. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a single project.

Complete the Payee Expense Report for the project expenses that are not staff salary/benefits or housing assistance. Record the Payee (who you paid), Expense Category (Rapid Re-Housing, Emergency Shelter or Administration), Expenditure Type (Rent, Housing Stabilization, Program Operations, etc.), Total Bill (total amount of expense). If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a

Complete the Housing Assistance Detail Report for each housing assistance expense (rental application fees, rental assistance, security deposits, etc.) you are claiming reimbursement for. Record the HMIS client ID number, housing assistance expense type (application fee, security deposit, rent assistance, etc.) unit/FMR info if known, client lease information if known, and reimbursement information. If your grant is providing housing assistance through two or more projects, complete a Housing Assistance Detail Report for each one. If needed, complete the Housing Assistance Adjustment Report to explain changes to previously reported housing assistance expenses charged to the grant including Adjustment Reason.

Complete the Match Report for any project requiring a match contribution in accordance with the Agreement. Record the expense, match type, and cost information and submit it in conjunction with the reimbursement request on the schedule as listed in the Agreement. Do not submit the Match Report if you are not claiming match.

Complete the Program Income Report for any program income earned by the project. Record the expense information, amount, and any notes in the report and submit it in conjunction with the reimbursement request. Do not submit the Program Income Report if the project did not earn program income.

**The billing form and itemized expense reports MUST be signed in ink. The formulas should not be changed or adjusted in the form(s).**

### Completing the Grantee Billing Form:

- Name and address of your organization requesting reimbursement.

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- Expense Period (should bill as monthly expenses, January, February, etc.)

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- Enter total amount of Monthly Actual in Column B to represent the amount requested for reimbursement for the current period in the line item category of the approved budget (i.e. - Rapid Re-Housing, Emergency Shelter and Administration) and should reflect the total of itemized expenses on the Payee Expense and Staff Expense Reports. The Payee Expense and Staff Expense Reports must be completed and submitted with the billing form. You may not transfer funds between approved categories without written preapproval from the City.

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- Enter Total Previously Requested in Column C, as applicable to each line item in the approved category of the budget. The

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- Ensure all back up documentation is included for payment processing if you are using any type of the allocation for direct or

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- Sign in ink, provide title, date, email address and telephone number before sending for approval and payment processing to City of Spokane Community, Housing, and Human Services Department.

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## Documentation Required for Billing Forms:

All requests for reimbursement must be supported by documentation necessary to show that the costs charged to the grant funds were incurred during the active performance period of the Agreement, were actually paid out, were allowable items and have been approved by the responsible official within the organization. For example:

**Salary and Fringe** – receipts, payroll reports, timesheets signed by the employee and the immediate supervisor, letters of employment that include rate of pay, benefits and employee withholdings. For staff directly charged to a grant funded program or project time and attendance records should be included as well. Other sources of documentation might include, canceled checks from employees, insurance provider, etc. or evidence of direct deposits which document outlay of expenses. **100% of the time daily must be recorded for all hours worked by activity performed. This is required for all federally funded grant positions.**

**Rent/Utilities** – proof of payment to vendor, rental or lease agreement, utility bills. If the cost of the space or utilities is split between grant funded and other sources, there must be a reasonable method in place to allocate the charges fairly among the sources and the method provided.

**Supplies and Materials (all Goods)** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. It's also helpful to keep information regarding where the supplies are stored and for what program or project are they being used in the organizations' internal file.


**Equipment** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. Packing slips are only proof of delivery and do not act as an invoice from the vendor. If the item received is an inventorial piece of equipment, the serial number, model, and inventory tag should be noted on the purchase order or invoice from the vendor.

**Other** – proof of payment, receipts, invoices from vendor. Please contact the City for specific questions on required documentation.

**Admin/Indirect Costs** – methodology of application applied in accordance with Federal Guidance on allocation of direct costs for non-profits using the base most appropriate (for federally funded agreements) or applied in accordance with a methodology that the City has approved the use of (for agreements funded with non-federal sources).

If you are allocating either direct expenses or indirect expenses using a rate other than a federally negotiated rate or the de minimis rate (10% MTDC) the use of your allocation plan must be approved by the City prior to you charging the grant program. The allocation should consist of your pooled costs or cost basis and the narrative for the methodology applied to determining the calculated rate or percentage. Direct expenses allocated usually include utilities, rent, agency liability insurance, and may include staff paid time allocated as well.



 <b>City of Spokane</b> <b>Grantee Billing Form</b> <b>2019-2024 HHOS Program</b>	<b>City Clerk #</b> OPR 2019-0649			
	<b>Vendor ID #</b> 035532			
	<b>FMS Acct #</b> 1540-95572-65410-54201-73903			
<b>SUBMIT BILLING TO:</b>		Submit this form to claim payment for materials, merchandise, and/or services. Show complete detail for each item. <b>Vendor/Claimant Certificate:</b> I hereby certify under perjury that the items and totals listed herein are proper charges for materials, merchandise and/or services furnished, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veteran status. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Services performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other funding source.		
City of Spokane Community, Housing, and Human Services Dept. 808 W. Spokane Falls Blvd, 6th Floor Spokane, WA 99201				
<b>GRANTEE (Warrant is to be payable to:)</b>				
Goodwill Industries of the Inland Northwest 130 E. 3rd Ave Spokane, WA 99202				
<b>Grantee Certification</b>				
<b>Project/Program:</b>	Housing and Essential Needs (HEN)	<b>By:</b> (SIGN IN INK)		
<b>Award Number:</b>	20-46108-30			
<b>Grant Term:</b>	07/01/2019 - 03/31/2020	(TITLE) (DATE)		
<b>Indirect Cost Rate:</b>	10% MTDC	(EMAIL ADDRESS) (TELEPHONE NUMBER)		
<b>Expense Period:</b>				
<b>Billing Date</b>				
	<b>A</b> Grant Budget	<b>B</b> Current Expense Request	<b>C</b> Total Previously Requested	<b>D</b> Grant Balance (A-B-C)
<b>EXPENSE Categories:</b>				
<b>ASSISTANCE FOR HEN HOUSEHOLDS</b>				
Rent and Housing Costs	\$ 1,451,651.00	\$ -	\$ 858,852.67	\$ 592,798.33
Operations	\$ 609,440.00	\$ -	\$ 293,731.16	\$ 315,708.84
Administration	\$ 43,473.00	\$ -	\$ 24,970.33	\$ 18,502.67
<b>GRAND TOTAL</b>	<b>\$ 2,104,564.00</b>	<b>\$ -</b>	<b>\$ 1,177,554.16</b>	<b>\$ 927,009.84</b>
Contract Amount (auto populated)		\$ 2,104,564.00	% Expended:	55.95%
Total Expended to Date (auto populated)		\$ 1,177,554.16		
Contract Remaining Balance		\$ 927,009.84	% Remaining:	44.05%
← Check box if final request.			<b>CHHS Approval:</b>	

**Payee Expense Report**

Organization:	Goodwill	Grant #:	20-46108-30	City Clerk #:	OPR 2019-0649
Prepared By:		Title:		Date:	

Please complete the table for ALL (non-Staff) expenses for the reported period. Copies of receipts and invoices MUST be attached.

Payee/Vendor Name	Expense Category (Support Services, Operating Expenses, etc.)	Expenditure Type (Rent, Maintenance, Furnishings, Case Management etc.)	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total
EXAMPLE: Avista	Operating Expenses	Utilities	\$ 90.91	\$ 9.09	\$ 100.00
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<b>Total Current Expenses Requested this Period</b>			\$ -	\$ -	\$ -

Staff Expense Report								
Organization:	Goodwill	Grant #:	20-46108-30	City Clerk #:	OPR 2019-0649			
Prepared By:		Title:		Date:				
Please complete the table for all STAFF expenses for the reported period. Signed timesheets MUST be attached.								
Name	Activity Funded	Total Hours Worked (100% of time on ALL activities)	Hours Worked on Listed Activity	Total Salary and Fringe paid to Employee	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total Billed to this Grant	Match Contribution this Period
Example: Doe, John	Case Management	80.00	60.00	\$ 1,200.00	\$ 818.00	\$ 82.00	\$ 900.00	\$ -
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<b>Total Staff Expenses Requested this Period</b>					\$ -	\$ -	\$ -	\$ -



**Housing Assistance Adjustment Report**

Housing Assistance Adjustment Report										
Organization:	Goodwill			Grant #:	20-46108-30			City Clerk #:	OPR 2019-0649	
Prepared By:				Title:				Date:		
Client ID	Unit Address and Number	Reason for Adjustment	Original Billing Period	Original Amount Charged to Grant	Revised Amount Charged to Grant	Difference (Due To)/From Grant	Original Amount Charged to Tenant	Revised Amount Charged to Tenant	Difference (Due To)/From Tenant	
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<b>Total Billed to City</b>						<b>\$ -</b>				

## Briefing Paper

### Public Infrastructure Environment & Sustainability

<b>Division &amp; Department:</b>	Public Works Division / Integrated Capital Management
<b>Subject:</b>	Street Design Standards
<b>Date:</b>	3/23/2020
<b>Author (email &amp; phone):</b>	<a href="mailto:inote@spokanecity.org">inote@spokanecity.org</a> , <a href="mailto:kemiller@spokanecity.org">kemiller@spokanecity.org</a>
<b>City Council Sponsor:</b>	
<b>Executive Sponsor:</b>	
<b>Committee(s) Impacted:</b>	PIES, Urban Experience
<b>Type of Agenda item:</b>	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b>	
<b>Strategic Initiative:</b>	Improving Streets
<b>Deadline:</b>	Adoption in 2020
<b>Outcome:</b>	
<p><u>Background/History:</u> <i>The Street Design Standards update has been a work in progress for the past few years. These standards are used during engineering of streets, sidewalks, pathways and stormwater facilities within the public right of way. They are used by City Staff as well as the Development Community. Best practices for management of space, right-sizing traffic facilities, consistency with the Comprehensive Plan and long-term maintenance budgeting have motivated adjusting the standards to accommodate efficient street management into the future.</i></p> <p><i>Public outreach in November 2019 included meeting with developers, an All Ages and Abilities group and the Plan Commission Transportation Subcommittee. A staff departure delayed the next steps by a few months, and we are now moving forward with the approval process.</i></p>	
<p><u>Executive Summary:</u></p> <ul style="list-style-type: none"> <li>• A draft is available on the project webpage <a href="https://my.spokanecity.org/projects/street-design-standards-update/">https://my.spokanecity.org/projects/street-design-standards-update/</a></li> <li>• March-June: Clean up remaining comments and concerns with internal staff</li> <li>• June-July: Present to Design Review Board and Plan Commission Transportation Subcommittee</li> <li>• Aug-Oct: Plan Commission and City Council workshops and hearings.</li> </ul>	
<p><u>Budget Impact:</u></p> <p>Approved in current year budget?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Annual/Reoccurring expenditure?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>If new, specify funding source:</p> <p>Other budget impacts: (revenue generating, match requirements, etc.)</p>	
<p><u>Operations Impact:</u></p> <p>Consistent with current operations/policy?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Requires change in current operations/policy?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>Specify changes required:</p> <p>Known challenges/barriers:</p>	



City of Spokane Water Department

# 2019 Technical Drinking Water Report

CITY OF SPOKANE – Water Department  
914 E. North Foothills Dr.; Spokane, WA 99207-2794; (509) 625-7800

Printed on Recycled Paper 

# REPORT ON CITY OF SPOKANE DRINKING WATER FOR 2019

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## Executive Summary

Spokane's drinking water meets or exceeds all State and Federal drinking water quality standards. This annual report prepared by the City of Spokane's Water Department supports and informs our Water Department annual Consumer Confidence Report, distributed as the City of Spokane Water Quality Report. This report provides wholesale water customers, businesses and the public with a more detailed discussion, with additional references, a complete list of the year's testing, and thorough consideration on the reasons for testing.

The City tested for 35 different inorganic parameters. There were detections of arsenic and nitrate.

The drinking water was tested for 64 organic compounds, and none were detected.

Radionuclide testing revealed levels of gross alpha emitters, Radium 228, and radon in the drinking water.

The City disinfects the drinking water with chlorine gas, resulting in the generation of low concentrations of disinfection byproducts. The city tests for nine of these compounds quarterly. There were detections at the farthest reaches of the distribution system.

The City tests both the source water and the distribution system for microbiological contaminants. In 2019, there were no detections of total coliform in the distribution system during routine regulatory sampling.

On Friday, July 26, 2019, hydroseed was inadvertently injected into the distribution system by a third party. This resulted in a health advisory to not drink or cook with the water for over 100 homes in the Hillyard area. There were multiple detections of total coliform and e. coli during this event. The health advisory was in effect for five full days. The distribution system was flushed out for several days. After two rounds of bacterial testing with no detections of total coliform the health advisory was lifted on Wednesday, July 31.

The following narrative and attachments summarize and explain recent results in more detail. Appendix V and the last two pages of this narrative (General Information) contain information relevant to the annual Consumer Confidence Report. As such, the information may be redundant relative to the main text of this report.

The detections mentioned are below applicable drinking water standards. The results were within the range of results from previous testing. Arsenic and radionuclides, including radon, are from naturally occurring geological sources. Nitrate is primarily from anthropogenic sources such as fertilizer and septic systems, but has declined in recent years with the conversion of individual septic systems to centralized sewer systems.

## Introduction and Source Water Information

All of the City of Spokane’s drinking water comes from the Spokane Valley-Rathdrum Prairie Aquifer - designated a sole source aquifer in 1978. The Spokane Valley-Rathdrum Prairie Aquifer slowly flows through two different states and a number of different counties and is the source water for a large number of water purveyors, including the City of Spokane. This water and any contaminants freely move across political boundaries. Many groups and/or private individuals may claim this water to be used for diverse purposes. Some of these competing interests include (but are not limited to) drinking water rights, irrigation, fisheries, hydroelectric power, and industrial processes. The Spokane Aquifer (that portion of the larger aquifer lying within Washington State) and the Spokane River exchange water. While the aquifer contains a large volume of water, many factors play into the volume of water in the Spokane River, complicating the management of these resources. Some of these factors include pumping for irrigation and potable water, hydroelectric dam operations, and the variations of weather and precipitation. Learn more about the Spokane Valley-Rathdrum Prairie Aquifer by downloading the Aquifer Atlas from [www.spokanecounty.org/1227/SVRP-Aquifer-Home](http://www.spokanecounty.org/1227/SVRP-Aquifer-Home)

The City of Spokane's Water Department delivers up to 180 million gallons of clean, safe drinking water every day to more than 220,000 people in our community. The City's water system is the third largest in the state of Washington, behind Seattle and Tacoma. Our water system includes pumps, reservoirs, seven source wells, and more than 1,000 miles of water mains and smaller water lines that bring water from our wells to homes and businesses.

Due to the porous nature of the ground surface and the number of potential contaminant sources, the possibility of contaminating the aquifer exists if good housekeeping measures are not followed for all activity over and adjacent to the aquifer. The physical and economic health of our area depends on the quality of our drinking water. In order to safeguard water quality, the City continues its efforts to make available to the community information about, and appropriate disposal mechanisms for, dangerous wastes that are generated in the Aquifer Sensitive Area. The City, in cooperation with other local governments and the Spokane Aquifer Joint Board, continues to work toward strengthening regulations for the storage and use of critical materials to safeguard the local water supply.

For additional information regarding the City of Spokane’s drinking water or related issues:

City of Spokane Water Department	(509) 625-7800	<a href="http://www.spokanewater.org/">www.spokanewater.org/</a>
Spokane County - Water Resources	(509) 477-7579	<a href="http://www.spokanecounty.org/1192/Water-Resources">www.spokanecounty.org/1192/Water-Resources</a>
Spokane Regional Health District – Environmental Health Div.	(509) 324-1560	<a href="http://www.srhd.org/programs-and-services/#-environmental-hazards-resources">www.srhd.org/programs-and-services/#-environmental-hazards-resources</a>
Washington State Department of Health - Eastern Regional Office (Drinking Water)	(509) 329-2100	<a href="http://www.doh.wa.gov/YouandYourFamily/HealthyHome/DrinkingWater">www.doh.wa.gov/YouandYourFamily/HealthyHome/DrinkingWater</a>
Washington State Department of Ecology – Eastern Regional Office	(509) 329-3400	<a href="http://www.ecy.wa.gov/">www.ecy.wa.gov/</a>
U.S. EPA Safe Drinking Water Hotline	1-800-426-4791	<a href="http://www.epa.gov/your-drinking-water">www.epa.gov/your-drinking-water</a>

**Table 1 List of Resources**



# QUALITY Drinking Water

## An Invaluable Community Resource

### INORGANICS

The City typically has a Washington State Department of Ecology accredited laboratory run a full drinking water inorganics analysis once every three years on each of our source wells. In addition, nitrates are tested annually, as required. The most recent inorganic results from accredited laboratories are in Appendix III. **All sources are in compliance with existing National Primary Drinking Water Regulations for Inorganic Maximum Contaminant Levels (MCL).**

### ARSENIC

**The arsenic readings in 2019 at the Central, and Well Electric wells were 3.55 µg/L, and 4.74 µg/L respectively.** The MCL for arsenic is 10 µg/L, or parts per billion (ppb). For City drinking water, 5.13 µg/L of arsenic in 2009 from Ray Street Well represents the highest result to date.

**City drinking water currently meets EPA’s drinking water standard for arsenic.** However, it does contain low levels of arsenic. EPA’s standard balances the current understanding of arsenic’s health effects against the cost of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems.

Further information concerning health impact issues, regulatory requirements, and compliance costs for water utilities/water customers can be found at [www.doh.wa.gov/Portals/1/Documents/Pubs/331-167.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-167.pdf).

### LEAD - COPPER

**Lead and copper testing of sources and at-risk residences were conducted in 2018. The highest reading of lead in a home was 3.58 µg/L (ppb). The maximum reading for copper was 154 µg/L.** These results for lead and copper continue to be less than the 15 µg/L Action Level for lead and the 1300 µg/L Action Level for copper. The lead results, based on City in-home sampling, also continue to qualify our water system as having “Optimized Corrosion Control.”

**City drinking water currently meets EPA’s drinking water standards for lead and copper.** The EPA standard for lead balances the current understanding of lead health effects against the effectiveness and cost of corrosion control processes. The EPA is currently reassessing standards for lead.

In July of 2018, the City completed its’ program to remove the remaining lead service lines in the City’s water system. In May 2016, the City initiated a project to eliminate the final 486 lead service lines. City records indicate that originally some 981 homes built during World War II were connected to the City’s distribution system with lead alloy pipes. In addition, before lead solder was banned in 1988, it was commonly used to connect copper piping in homes.

Sampling methods require testing water left sitting in lead-containing pipes for at least 6 hours. This results in a worst-case scenario for lead to move into the water. The City encourages anyone with this kind of plumbing, drawing water for cooking or drinking purposes, to let water run from the tap until cold before filling their container, especially if the water is to be given to infants or children.

For further information concerning lead in drinking water, you can find further information at [www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Lead](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Lead).

Further information about copper in drinking water can be found at [www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Copper](http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Copper)

Drinking water is only one of many potential sources of exposure to lead. An EPA publication titled “Protect Your Family From Lead In Your Home” can be downloaded from <https://www.epa.gov/lead/protect-your-family-lead-your-home>.

NITRATE - NITROGEN

The Ray Street Well continues to be monitored quarterly for Nitrate-N. **In 2019, the highest accredited lab quarterly result for the Ray Street Well was 3.32 mg/L**, or parts per million (ppm). The federal MCL for Nitrate –N is 10 mg/L. The result from a duplicate sample analyzed by the Riverside Park Water Reclamation Facility (RPWRF) Laboratory was 3.34 mg/L. The quarterly results for Ray Street Well for 2019 are as follows:

<i>Sample Date</i>	<i>Accredited Laboratory Result - Nitrate-N, mg/L</i>	<i>RPWRF Laboratory Result – Nitrate+Nitrite-N, mg/L</i>
29-January-2019	3.32	3.12
28-May-2019	2.72	2.92
23-July-2019	2.75	2.89
28-October-2019	3.14	3.34

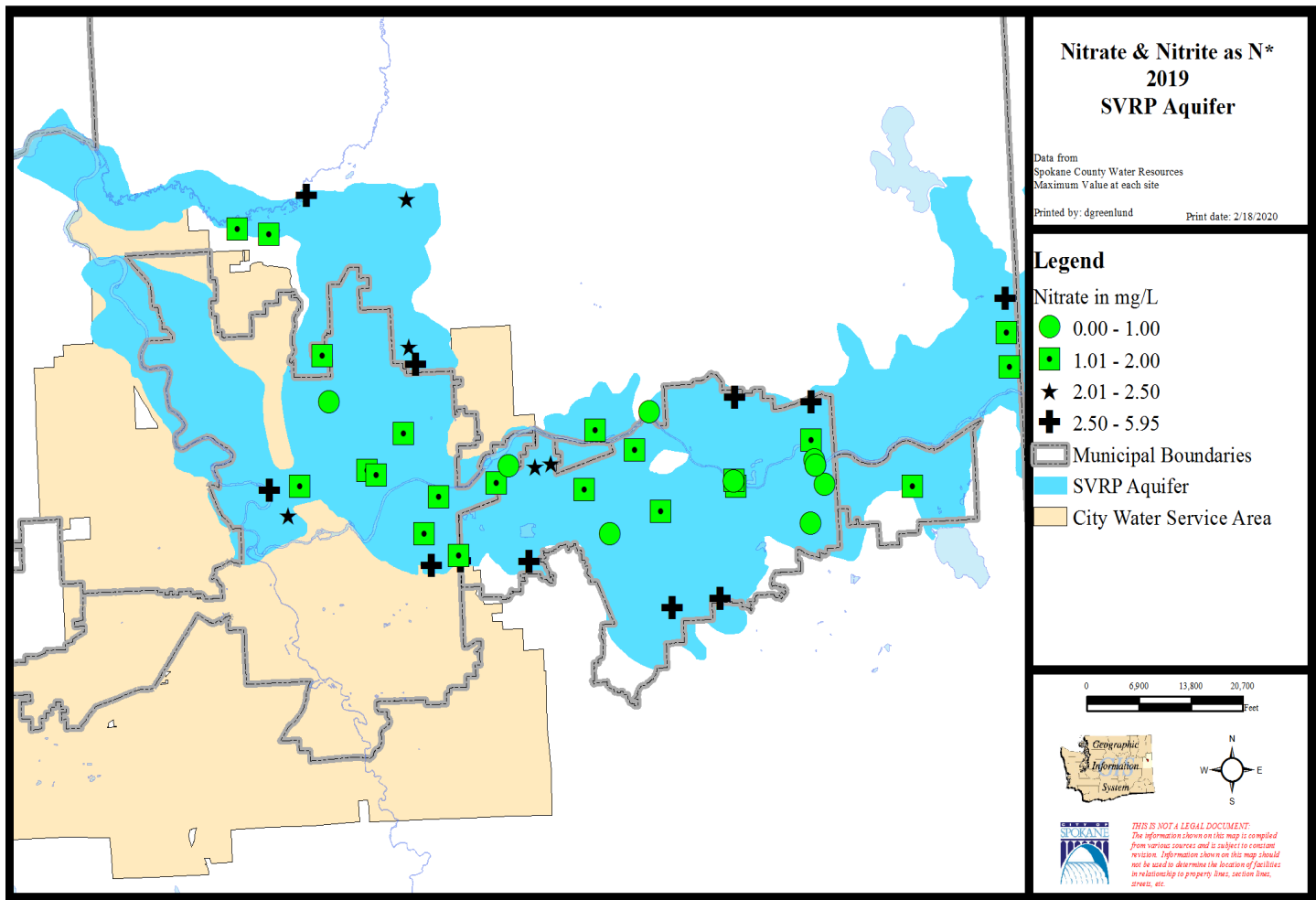
Table 2 Ray Street Well Nitrate levels

**All other City sources average 1.13mg/L for 2019, less than a fifth of the MCL for nitrate-nitrogen.** The 2019 results for the other City source wells are as follows:

<i>Source Well</i>	<i>Accredited Laboratory Result - Nitrate-N, mg/L</i>	<i>RPWRF Laboratory Result – Nitrate+Nitrite-N, mg/L</i>
Well Electric	1.47	1.55
Parkwater	1.48	1.62
Hoffman	1.53	1.49
Grace	0.65	0.87
Nevada	0.77	0.90
Central	0.88	1.08
Federal MCL	10	

Table 3 City Source Well Nitrate levels

The following map depicts the results of monitoring wells sampled during 2019 by the Spokane County Water Resources Program. The results are for nitrate+nitrite as nitrogen from monitoring wells and springs along the Spokane River and purveyor wells over the Spokane Aquifer. Where multiple sampling events occurred at the same location, the highest result is depicted on the map. There are a number of wells that had results between 2.51 and 5.95 mg/L. These wells, including the City of Spokane Ray Street Well, are typically located along the edge of the aquifer and appear to be subject to nitrate loading to the aquifer that originates at higher elevations.



**Figure 1 Aquifer Nitrate level**

For further information concerning nitrate in drinking water and potential health issues, you can access the Washington State Dept. of Health website at [www.doh.wa.gov/Portals/1/Documents/Pubs/331-214.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-214.pdf).  
(Para ver información adicional, visite al; [www.doh.wa.gov/Portals/1/Documents/Pubs/331-214s.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-214s.pdf))

## RADIONUCLIDES & RADON

### RADIONUCLIDES

**In 2019, the City of Spokane tested the Central, Hoffman, and Nevada source wells for Radium 228 and Gross Alpha. The table below has the results.**

	Gross Alpha Particle Activity	Radium 228	Combined Radium 226/228 *
Central	< 3	< 0.207	1.5
Hoffman	< 3	.21	1.5
Nevada	<3	< 0.184	1.5
MCL	15		5

**Table 4 Radionuclide Results**

All results in picocuries per liter (pCi/L)

Gross Alpha particle activity has an MCL of 15 pCi/L. The federal MCL for Radium 226 and Radium 228 (combined) is 5 pCi/L. **The City of Spokane results were below the MCL.**

The radionuclide rule allows Gross Alpha results to be used in lieu of Radium 226 if the Gross Alpha particle activity is below 5 pCi/L. If the gross alpha particle activity result is below the detection limit, one-half of the detection limit is used to determine compliance<sup>1</sup>. The radionuclide rule also allows a Gross Alpha particle activity measurement to be substituted for the required uranium measurement provided that the measured gross alpha particle activity does not exceed 15 pCi/l. The Gross Alpha activity was below 15 pCi/L so the City did not test for Uranium.

\* If the Radium 228 or 226 value is <1.0, a value of zero will be used to calculate the Combined Radium 226/228<sup>2</sup>.

## RADON

**The Water Department monitored the Central, Hoffman and Nevada wells for radon in 2019, with results of 350 pCi/L, 400 pCi/L and 350 pCi/L respectively.**

The Environmental Protection Agency has published a proposed rule for regulating the concentration of radon-222 in drinking water. The rule proposes a maximum contaminant level goal (MCLG) of zero, a maximum contaminant level (MCL) of 300 pCi/L, and an alternative maximum contaminant level (AMCL) of 4000 pCi/L.

Comments for the proposed rule were accepted until February 4, 2000; however no final rule was promulgated and at the current time this regulatory action is not on the EPA agenda list.

Currently, water purveyors are required to inform their customers of known results for Radon-22 testing, which the City of Spokane voluntarily monitors.

Radon gas is one of a number of radioactive elements that result from the radioactive decay of uranium found locally in natural deposits. Exposure to excessive amounts of radon may increase cancer risk. Most of these risks result from exposure to radon in indoor air. The EPA has determined that 1-2% of the radon in indoor air comes from drinking water. General information concerning radon in the environment and the associated health issues, including drinking water, can be found at [www.epa.gov/radon](http://www.epa.gov/radon) or call the Radon Hotline at 1-800-SOS-RADON [1-800-767-7236]. An EPA publication titled "A Citizen's Guide to Radon" can be downloaded from [www.epa.gov/radon/citizens-guide-radon-guide-protecting-yourself-and-your-family-radon](http://www.epa.gov/radon/citizens-guide-radon-guide-protecting-yourself-and-your-family-radon). The EPA has published a National Radon Action Plan (<https://www.epa.gov/radon/national-radon-action-plan-strategy-saving-lives>) to more broadly mitigate Radon exposure.

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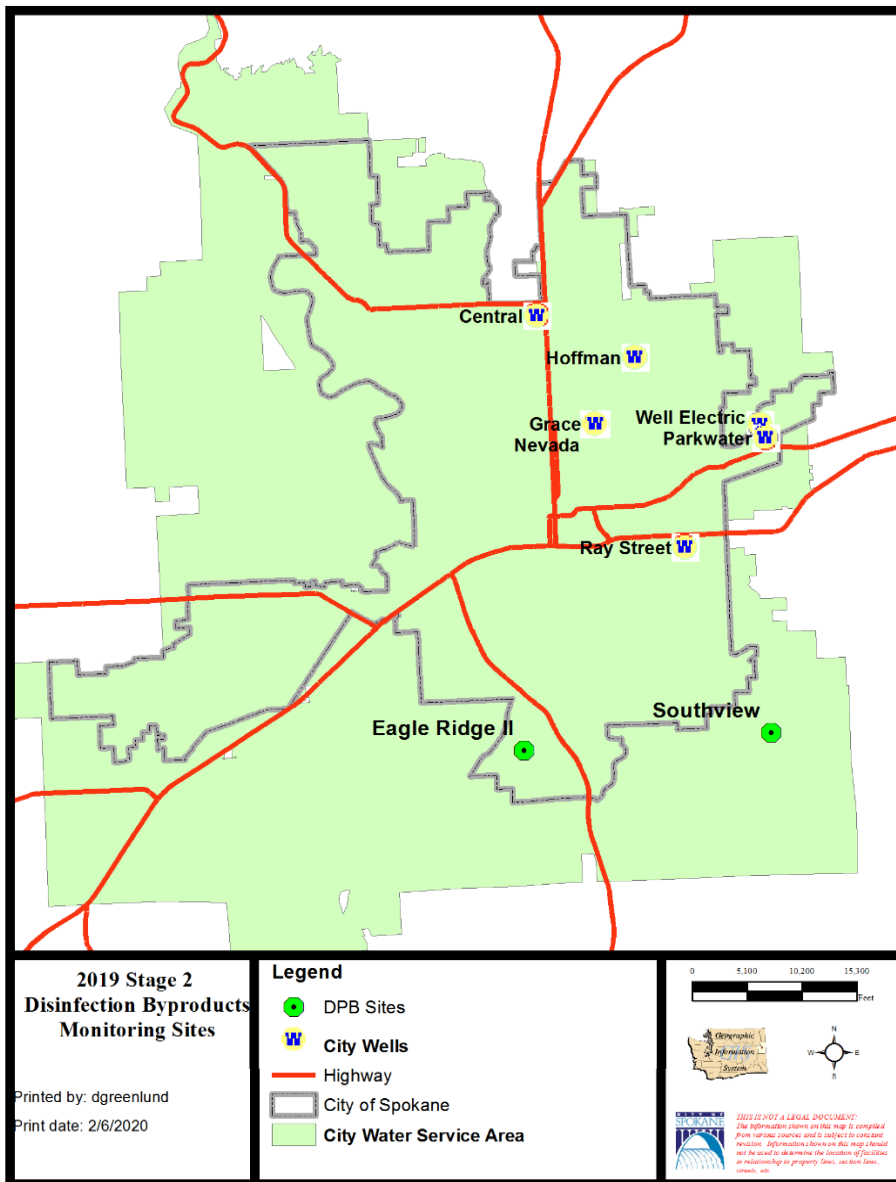
<sup>1</sup> 40 CFR 141.26a (5)

<sup>2</sup> 40 CFR 141.26c (3) v

# ORGANICS

## DISINFECTION BY-PRODUCTS – DISTRIBUTION SYSTEM

The maximum value during 2019 compliance monitoring of the distribution system for total trihalomethanes (TTHM) was 3.57 µg/L and for haloacetic acids (HAA5) was no detection. This is well below the federal MCL of 80 µg/L for total trihalomethanes and 60 µg/L for the sum of five haloacetic acids. The by-products are only detected at the extreme end of the distribution system. The Stage 2 Disinfectants and Disinfection By-products Rule requires a Locational Running Annual Average (LRAA) be used for reporting compliance. This is the average of four quarterly samples for each sampling location. The City uses small amounts of chlorine as a drinking water disinfectant. However, the disinfectants themselves can react with materials in the water to form byproducts, which may pose health risks. The maximum value for TTHM was 3.62 µg/L. Appendix IV has the results for all 2019 quarterly sampling. There were no detections of haloacetic acids at any sampling site in 2019.



In 2019, two sites were sampled every quarter. They were Eagle Ridge Two, and Southview. For more information on the Stage 2 Disinfection and Distribution By-Product Rule (DPBR), go to the EPA website [water.epa.gov/lawsregs/rulesregs/sdwa/stage2/index.cfm](https://www.water.epa.gov/lawsregs/rulesregs/sdwa/stage2/index.cfm)

2019 was the ninth year of sampling under the Stage 2 DPBPR. Starting in 2007 and continuing until 2010, the City Water Department performed assessment monitoring at over 20 locations (approximately five each year) to determine the potential for disinfection by-products (DBP) to be formed during the detention period in the distribution system. The DBP assessment sampling sites were selected from the existing coliform sampling sites. Based on this sampling and analysis of the retention time of water in the distribution system, locations were determined for the Stage 2 distribution system sampling program.

Figure 2 Disinfection Byproduct Monitoring Sites

## VOLATILE ORGANICS

**In 2019, the City of Spokane tested the Grace and Hoffman well stations for Volatile Organic Compounds (VOC). There were no detections.** A complete list of the chemicals analyzed is in Appendix I.

Trihalomethanes (THMs, chloroform, bromoform, bromodichloromethane, dibromochloromethane) are one group of volatile organic, disinfection by-products. That is to say, they can originate from chemical interactions between a disinfectant (chlorine gas in the City's system) and any organic matter present in the raw water. **There were no detections of THMs in source water monitoring for 2019.**

## SYNTHETIC ORGANICS

**The City of Spokane did not sample for Synthetic Organic Chemicals (SOC's) in 2019.** The City of Spokane tests all of the wells on a three-year cycle. 2020 and 2021 are scheduled for the next sampling cycle.

## MICROBIOLOGICAL CONTAMINANTS

### HILLYARD INCIDENT

The City's Water Department in 2019 and early 2020 led an effort to update the City's hydrant permit program and hydrant use policies to enhance hydrant security, ensure use of necessary equipment to protect the water supply, and appropriately account for water use. The program also is designed to complement additional hydrant security measures that are being evaluated, including the installation of hydrant locks and water fill stations.

The Spokane City Council approved the updated hydrant permit program in late January 2020, which requires the use of City backflow prevention devices and also includes penalties for non-compliance.

The revised program developed following a water contamination problem in the Hillyard area in the summer of 2019. On July 26, customers began calling the Water Department at about 9 a.m. to report green fibrous material in their tap water. Water department staff began investigating and found the same material around a fire hydrant near Florida and Wellesley.

Water Samples were collected from businesses and fire hydrants in the area. The material was determined to be hydroseed. This is cellulose fiber and grass seed mixture that is mixed in water and sprayed on bare ground to establish lawns. Safety Data Sheets were obtained for the substance. While water quality staff and inspectors were collecting samples, other water department crews began opening hydrants and looking for the fiber material and closing valves to isolate the system. An area bounded by Wellesley on the south, Crown Avenue on the north, Freya on the west, and Havana on the east was isolated to contain the contamination.

A health advisory to not drink or cook with water in the isolated area was issued by the City. The Washington State Department of Health was notified, and the City and DOH worked together collaboratively throughout the incident.

Collected water samples were sent to a local analytical laboratory for the analysis of volatile organic chemicals, total suspended solids, nitrate, phosphorous, potassium, and Coliform. The analysis of these samples indicated there were no detectable levels of organic chemicals, such as pesticides, and normal levels of nitrate, phosphorous and potassium. Samples were also analyzed for coliform bacteria at the City Water Quality Laboratory. One sample collected from outside of the isolated area tested positive for total coliform bacteria, this sample was determined to be a false positive, provided to the Water Quality Supervisor several hours after the sample was taken and did not follow proper sampling protocol. One sample collected within the isolated area tested positive for total coliform, and three samples collected within the isolated area had indications of total coliform and e. coli.

Unidirectional flushing was started on Friday afternoon within the isolated area and continued throughout the night to Saturday morning. More coliform samples were collected from both within the isolated area and outside of the isolated



area. One sample from within the isolated area tested positive for coliform bacteria. Of all the samples collected on Saturday, there were no detections of e. coli. Based on the total coliform result a section of water main along Myrtle Street was isolated, chlorinated, and flushed extensively on Sunday. During this time, the water meters for all of the customers in the isolated area were removed, cleaned and replaced. More sampling was conducted on Monday and Tuesday. There were no indications of coliform bacteria in these samples. The health advisory was lifted on Wednesday.

For more information on cross connection control and back flow prevention, you can go to <https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemDesignandPlanning/CrossConnectionControlBackflowPrevention>

## COLIFORM BACTERIA - SOURCE

The City of Spokane well station raw source water (the water before disinfectant chlorination) has been tested regularly for coliform bacteria. While historically there has been no requirement to test for coliform bacteria in source water, the City has monitored for this water quality parameter. More recently, testing requirements to determine whether hydraulic continuity exists with the Spokane River have increased the testing frequency. **In 2019, out of 67 tests for coliform bacteria in the City source water wells, there were no detections of total coliform and no detections of fecal coliform.**

Out of 393 tests over the five-year period from 2015 through 2019, there have been no detections of total coliform. There have been no detections of fecal coliform in the source water during this time frame.

## HETEROTROPHIC PLATE COUNT BACTERIA – SOURCE

**In 2019, out of 67 Heterotrophic Plate Count (HPC) tests on source water, there were 8 positive results. The greatest concentration was 4 colonies per milliliter of sample at the Central Well.** HPC tests were conducted 371 times over the five-year period from 2015 through 2019 on raw source water. There have been 76 positive HPC results. The maximum detection during this five-year period was 681 colonies per milliliter at the Hoffman Well in 2015. Without regard to source water HPC levels, City source water is treated with chlorine to safeguard drinking water quality. This is done based on the historical use of open reservoirs (which no longer exist) and to preserve the sanitary quality when a well or piping is open to the environment during construction, repair or routine maintenance. Some water utilities in this area (drawing from the same aquifer) do not add any disinfectant.

## COLIFORM BACTERIA - DISTRIBUTION SYSTEM

Coliform testing is typically done four days a week from various points in the distribution system. The Water Department has more than 220,000 customers. This population tier<sup>3</sup> requires taking 150 samples per month, which was adopted as the target for distribution system coliform monitoring by the Water Department in 2007. When a coliform positive test result is reported, re-sampling is done in compliance with the Total Coliform Rule and the Groundwater Rule. **During 2019, the City Water Department had 1,980 coliform bacteria samples analyzed.** 1,992 coliform bacteria samples were analyzed in 2018 and, 1,972 samples were analyzed in 2017.

The Water Department staff has worked to refine the sampling sites for the distribution system. Concerns about inadvertent contamination of sampling sites and locations that don't adequately represent the distribution of the water system has caused the Water Department staff to establish more dedicated sampling sites at locations more representative of the entire system. Following is a map of the distribution system sampling sites during 2019, overlaid on the City's water service area. It is important to note that the sample sites are evenly placed based on the distribution system, which may not currently reach all parts of the water service area, and population density.

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<sup>3</sup> Ref. WAC 246-290-300 (3)(e-Table 2)

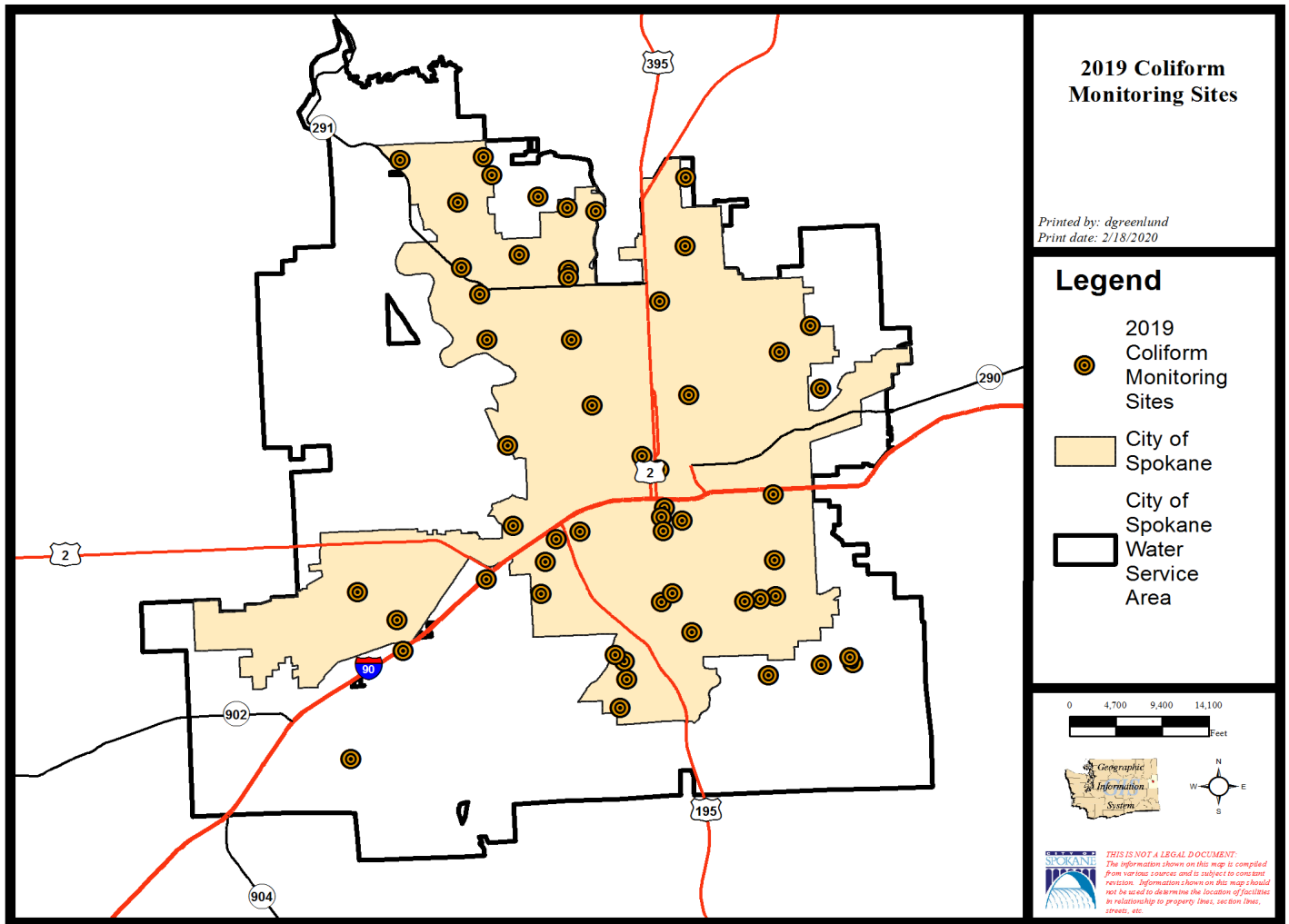


Figure 3 Coliform Monitoring Sites

## PROTOZOA

A number of cities and towns throughout the country, in years past, have experienced problems with giardia and/or cryptosporidium getting into the distribution systems. Most times, problems with these parasitic organisms in potable water have been associated with surface water sources. **The City is not aware of, nor has the State Department of Health or Spokane Regional Health District indicated an awareness of, cases where infections with these organisms were traced back to the City's water system.**

Please note that cryptosporidium and other water borne organisms can be spread in many ways. People who become ill as a result of consuming giardia and/or cryptosporidium typically recover after suffering severe bouts of diarrhea. However, small children, people whose immune systems are compromised, or those who are otherwise in poor health can die as a result of these infections. For further information concerning the potential health effects issues, access the websites at the CDC at [www.cdc.gov/parasites/crypto/index.html](http://www.cdc.gov/parasites/crypto/index.html) (cryptosporidium) and [www.cdc.gov/parasites/giardia/index.html](http://www.cdc.gov/parasites/giardia/index.html) (giardia).

## GENERAL INFORMATION

### English:

This report contains important information about the drinking water supplied by the City of Spokane. Translate it, or speak with someone who understands it well.

### Spanish:

Este reporte contiene información importante acerca del agua potable suministrada por la Ciudad de Spokane. Tradúzcalo, o hable con alguien que lo entienda bien. (Para ver información adicional, visite al; <http://espanol.epa.gov/espanol/agua>)

### Russian:

В этом отчете содержится важная информация относительно питьевой воды, поставляемой службой города Спокэн. Переведите этот отчет или поговорите с тем, кто его хорошо понимает.

### Vietnamese:

Bản phúc trình này chứa đựng những thông tin quan trọng về nước uống được cung cấp bởi City of Spokane. Hãy phiên dịch, hay hỏi thăm người nào hiểu rõ về tài liệu này.

Across the nation, the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and radioactive material and can pick up substances resulting from the presence of animals or human activity.

Contaminants that may be present in source water include:

- Biological contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban storm water run-off, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, storm water run-off, and residential uses.
- Organic chemicals, including synthetic and volatile organics, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water run-off and septic systems.
- Radioactive materials, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, the Environmental Protection Agency (EPA) prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. Food & Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protections for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by contacting the Environmental Protection Agency's Safe Drinking Water Hotline (1-800-426-4791), on line at [www.epa.gov/your-drinking-water/safe-drinking-water-hotline](http://www.epa.gov/your-drinking-water/safe-drinking-water-hotline), or you can access additional information at EPA website: [www.epa.gov/your-drinking-water](http://www.epa.gov/your-drinking-water)

## HEALTH INFORMATION

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbial contaminants are available from the Safe Drinking Water Hotline (1-800-426-4791).

Additional information concerning:

**Radon:** During 2019, the City conducted tests at Central, Hoffman and Nevada wells for Radon-222. The results were 350 pCi/L, 400 pCi/L and 350 pCi/L. The EPA has proposed a MCL of 300 pCi/L, which has not been finalized.

Radon is a radioactive gas that you can't see, taste, or smell and is a known carcinogen. Compared to radon entering the home through soil, radon entering the home through tap water will, in most cases, be a small source of radon in indoor air. Breathing air containing radon can lead to lung cancer and/or drinking water containing radon also may cause increased risk of stomach cancer. If you are concerned about radon in your home, test the air in your home. Testing is inexpensive and easy. Fix your home if the level of

radon in your air is 4 picocuries per liter of air (pCi/L) or higher. There are simple ways to fix a radon problem that aren't too costly. For additional information, call EPA's Radon Hotline (1-800-577-2366) or access the EPA website at [www.epa.gov/radon/radon-hotlines-and-information-resources](http://www.epa.gov/radon/radon-hotlines-and-information-resources)

Arsenic: The arsenic readings in 2019 at the Central and Well electric wells were 3.55 and 4.74 ppb respectively. The Maximum Contaminant Level (MCL) for Arsenic is 10 ppb.

City of Spokane drinking water currently meets EPA's revised drinking water standard for arsenic. However, it does contain low levels of arsenic. EPA's standard balances the current understanding of arsenic's possible health effects against the cost of removing arsenic from drinking water. EPA continues to research the health effects of low levels of arsenic, which is known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems. Information on arsenic in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline.

Lead: In-home testing for lead was performed in 2018. The City tested 56 at-risk residences for lead. The single highest result was 3.58 ppb. This result for lead is below the 15 ppb Action Level for lead. The lead results, based on City in-home sampling, also continue to qualify our water system as having "Optimized Corrosion Control". Source water is analyzed for lead concurrent with the in-home testing. In 2018 the maximum concentration in the source water testing of all the wells for lead was 0.16 ppb.

All remaining known lead service lines in the City's water system were replaced during a program from 2016 to 2018.

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Spokane is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your drinking water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline, 1-800-426-4791 or at [www.epa.gov/your-drinking-water/basic-information-about-lead-drinking-water](http://www.epa.gov/your-drinking-water/basic-information-about-lead-drinking-water).

## CITY OF SPOKANE'S SYSTEM

All of the City of Spokane's drinking water comes from the Spokane Valley-Rathdrum Prairie (SVRP) Aquifer - designated a "sole source" aquifer in 1978. The Spokane Aquifer (that portion of the SVRP aquifer lying within Washington State) and the Spokane River exchange water. The rates and locations of exchange are the subject of continued study.

Due to the porous nature of the ground surface and the number of potential contaminant sources, the possibility of contaminating the aquifer exists if good "housekeeping" measures are not followed for all activity over and adjacent to the aquifer. In order to safeguard water quality, the City, in coordination with other stakeholders, is currently implementing a Wellhead Protection Program. This program endeavors to inform the public about the Spokane Valley-Rathdrum Prairie Aquifer, and about appropriate disposal mechanisms for dangerous and/or critical materials that are generated in the Aquifer Sensitive Area. The program is advocating land use regulations to help protect drinking water wells from contamination.

For additional information regarding the City of Spokane's Drinking Water or related issues, you can call:

City of Spokane Water & Hydroelectric Services

509-625-7800

The Mayor recommends Water and Hydroelectric Services policy and rates to the Spokane City Council.  
The Council meets most Mondays at 6:00 p.m. in the Council Chambers at  
Spokane City Hall (808 W. Spokane Falls Blvd., Spokane, WA).

## Appendix I - Tests Run on City of Spokane Water

28-Feb-2020

### FIELD TESTS

Chlorine, Free Residual  
Conductivity  
Hardness  
pH  
Temperature  
Turbidity

### RADIONUCLIDES

Alpha emitters (gross)  
Radon 222  
Radium 228

### MICROBES

#### BACTERIA

Total Coliform - Before & After Treatment  
Fecal Coliform - Before & After Treatment  
Heterotrophic Plate Count - Raw water

### DISINFECTION BY-PRODUCTS

#### TRihalOMETHANES

Chloroform  
Bromoform  
methane, Dibromochloro-  
methane, Bromodichloro-  
Total Trihalomethanes

#### FIVE HALOACETIC ACIDS (HAA5)

acetic Acid, Monochloro-  
acetic Acid, Dichloro-  
acetic Acid, Trichloro-  
acetic Acid, Monobromo-  
acetic Acid, Dibromo-

### GENERAL INORGANICS

Color  
Conductivity  
Hardness, Total  
Total Alkalinity  
Total Dissolved Solids  
Turbidity

### INORGANIC IONS

Ammonia Nitrogen  
Chloride  
Cyanide  
Fluoride  
Nitrate Nitrogen  
Nitrite Nitrogen  
\* Phosphorus  
Silica  
Sulfate

### INORGANIC METALS

Aluminum  
Antimony  
Arsenic  
Barium  
Beryllium  
Cadmium  
Calcium  
Chromium  
Copper  
Iron  
Lead  
Magnesium  
Manganese  
Mercury  
Nickel  
Selenium  
Silver  
Sodium  
Thallium  
Zinc

### VOLATILE ORGANICS

Benzene  
benzene, 1,2,3-Trichloro-  
benzene, 1,2,4-Trichloro-  
benzene, 1,2,4-Trimethyl-  
benzene, 1,3,5-Trimethyl-  
benzene, Bromo-  
benzene, Butyl-  
benzene, Chloro-  
benzene, Ethyl  
benzene, Isopropyl-  
benzene, m-Dichloro-  
benzene, o-Dichloro-  
benzene, p-Dichloro-  
benzene, Propyl-  
benzene, sec-Butyl-  
benzene, tert-Butyl-  
Butadiene, Hexachloro-  
Chloride, Carbon Tetra-  
Chloride, Methylene (aka methane, dichloro)  
Chloride, Vinyl  
Chloroform (Freon 20)

ethane, 1,1,1,2-Tetrachloro-  
ethane, 1,1,1-Trichloro-  
ethane, 1,1,2,2-Tetrachloro-  
ethane, 1,1,2-Trichloro-  
ethane, 1,1-Dichloro-  
ethane, 1,2-Dichloro-  
ethane, Chloro-  
ethene, 1,1-Dichloro-  
ethene, cis-1,2-Dichloro-  
ethene, Tetrachloro-  
ethene, trans-1,2-Dichloro-  
ethene, Trichloro-  
methane, Bromo-  
methane, Bromochloro-  
methane, Chloro-  
methane, Dibromo-  
methane, Dichlorodifluoro-  
methane, Trichlorofluoro- (Freon 11)  
Naphthalene  
propane, 1,2,3-Trichloro-  
propane, 1,2-Dichloro-  
propane, 1,3-Dichloro-  
propane, 2,2-Dichloro-  
propene, 1,1-Dichloro-  
propene, cis-1,3-Dichloro-  
propene, trans-1,3-Dichloro-  
Styrene  
Toluene  
toluene, o-Chloro-  
toluene, p-Chloro-  
toluene, p-Isopropyl-  
Xylene, m&p-  
Xylene, o-  
Xylene, total

\* - Typically run by the City's Wastewater Laboratory only

Appendix II - Annual Testing Summary - Tests Run on City of Spokane Water						28-Feb-2020			
2019 DRINKING WATER SOURCE - COMPLETED QUARTERLY MONITORING									
	SOURCE #	8	6	5	1	3	4	2	
	WELL	CENTRAL	GRACE	HOFFMAN	NEVADA	PARKWATER	RAY STREET	WELL ELECTRIC	
<b>BACTERIA</b>									
COLIFORM - RAW SOURCE *									
Total Coliform -number of samples per year / number of positive detections		7 / 0	7 / 0	5 / 0	6 / 0	12 / 0	7 / 0	22 / 0	
E. coli - number of samples per year / number of positive detections		7 / 0	7 / 0	5 / 0	6 / 0	12 / 0	7 / 0	22 / 0	
HETEROTROPHIC PLATE COUNT - RAW SOURCE *									
number of samples per year / greatest result value		7 / 4	7 / 0	5 / 1	6 / 0	12 / 1	7 / 1	22 / 1	
* All operating wells are typically sampled once per month									
<b>INORGANIC</b>									
FULL LIST- ACCREDITED LAB (phase II & V included)		3rd Qtr - Jul	completed-see App. III						completed-see App. III
NITRATE		1st Qtr - Jan					3.32		
		2nd Qtr - May					2.72		
		3rd Qtr - Jul	0.88	0.71	1.32	0.82	1.41	2.75	
		4th Qtr - Oct					3.14	1.46	
NITRATE + NITRITE - RPWRF LAB		1st Qtr - Jan					3.12		
		2nd Qtr - May					2.92		
		3rd Qtr - Jul	1.08	0.87	1.49	0.90	1.62	2.89	
		4th Qtr - Oct					3.34	1.55	
<b>ORGANIC</b>									
VOLATILES		1st Qtr - Jan							
(including TRIHALOMETHANES)		2nd Qtr - May		no detections	no detections				
		3rd Qtr - Jul							
		4th Qtr - Oct							
<b>RADIOACTIVE CONTAMINANTS</b>									
Radium 228 - pCi/L,		3rd Qtr - Jul	< 0.207		0.21	< 0.184			
Gross Alpha - pCi/L		3rd Qtr - Jul	< 3		< 3	< 3			
Radon - pCi/L		3rd Qtr - Jul	350		400	350			

Appendix III - Drinking Water Inorganics Summary

CITY OF SPOKANE

28-Feb-2020

DRINKING WATER INORGANICS SUMMARY

MOST RECENT WELL STATION MONITORING ANALYTICAL RESULTS

ACCREDITED LABORATORIES

WELL STATION	CENTRAL	ELECTRIC	GRACE	HOFFMAN	NEVADA	PARKWATER	RAY	Maximum Contaminant		CURRENT DATA SUMMARY			
								Levels MCL's**	Goals MCLG's	MEAN	MAX	MIN	COUNT
SAMPLING DATE	23-Jul-2019	23-Jul-2019	25-Jul-2017	25-Jul-2017	17-Jul-2018	17-Jul-2018	17-Jul-2018						
LABORATORY	(Anatek)	(Anatek)	(Anatek)	(Anatek)	(Anatek)	(Anatek)	(Anatek)						
ALKALINITY	111	123	86	127	84	143	168	unregulated		120	168	84	7
HARDNESS (as CaCO3) #	127	133	93	144	96	163	201	unregulated		137	201	93	7
CONDUCTIVITY (µmos/cm)	248	275	199	293	201	330	443	700 t		284	443	199	7
TURBIDITY (NTU)	0.152	0.156	0.135	< 0.1	0.181	0.383	0.138	1 t		0.164	0.383	< 0.1	7
COLOR (color units)	< 5	< 5	< 5	< 5	< 5.00	< 5.00	< 5.00	15 s		< 5.00	< 5.00	< 5.00	7
CHLORIDE	4.62	5.33	4.91	6.87	4.89	7.4	22	250 s		8.0	22.0	4.62	7
TOT. DISSOLVED SOLIDS	101	89	113	168	97	86	235	500 s		127	235	86	7
MAGNESIUM	13.6	13.8	7.95	15.2	8.05	17	16.8	unregulated		13.2	17.0	7.95	7
CALCIUM	25.8	30.8	23.6	31.7	23.7	36.5	53	unregulated		32	53	23.6	7
ORTHO-PHOSPHATE	not tested	not tested	not tested	not tested	not tested	not tested	not tested	unregulated		N/A	N/A	N/A	0
AMMONIA	< 0.02	< 0.02	< 0.02	< 0.02	< 0.02	< 0.02	< 0.02	unregulated		< 0.02	< 0.02	< 0.02	7
CYANIDE	< 0.05	< 0.05	< 0.01	< 0.01	< 0.05	< 0.05	< 0.05	0.2	0.2	< 0.05	< 0.05	< 0.01	7
FLUORIDE	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	2 s	4	< 0.1	< 0.1	< 0.1	7
NITRATE (NO3-N)	0.88	1.46	0.79	1.30	0.765	1.48	2.94	10	10	1.37	2.94	0.765	7
NITRITE (NO2-N)	< 0.1	< 0.1	< 0.063	< 0.063	< 0.1	< 0.1	< 0.1	1	1	< 0.1	< 0.1	< 0.063	7
SILICA (SiO2)	11.7	12.2	11.1	11.8	10.2	11	18.9	unregulated		12.4	18.9	10.2	7
SULPHATE	11.5	11.6	7.82	13	6.76	11.6	15.7	250 s	400	11.6	15.7	6.8	7
ALUMINUM	< 0.05	< 0.05	< 0.01	< 0.01	< 0.05	< 0.05	< 0.05	0.05 - 0.2 s		< 0.05	< 0.05	< 0.05	7
ANTIMONY	< 0.003	< 0.003	< 0.001	< 0.001	< 0.003	< 0.003	< 0.003	0.006	0.006	< 0.003	< 0.003	< 0.001	7
ARSENIC	0.00355	0.00474	0.00261	0.00276	0.00277	0.00318	0.00386	0.010	0	0.0034	0.00474	0.00261	7
BARIUM	0.0219	0.0203	0.0155	0.0276	0.0167	0.0274	0.0595	2	2	0.0270	0.0595	0.0155	7
BERYLLIUM	< 0.0003	< 0.0003	< 0.0003	< 0.0003	< 0.0003	< 0.0003	< 0.0003	0.004	0.004	< 0.0003	< 0.0003	< 0.0003	7
CADMIUM	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	0.005	0.005	< 0.001	< 0.001	< 0.001	7
CHROMIUM	< 0.007	< 0.007	< 0.001	< 0.001	< 0.007	< 0.007	< 0.007	0.1	0.1	< 0.007	< 0.007	< 0.001	7
COPPER	0.00372	0.00627	0.0026	< 0.001	0.0145	< 0.02	0.00506	TT	1.3	0.0064	0.0145	0.0026	7
IRON	< 0.1	< 0.1	0.0144	< 0.01	< 0.1	< 0.1	< 0.1	0.3 s		< 0.1	< 0.1	0.0144	7
LEAD	< 0.001	< 0.001	0.00262	0.00271	< 0.001	< 0.001	< 0.001	TT	0	0.0027	0.00271	< 0.00031	7
MANGANESE	< 0.01	< 0.01	< 0.001	< 0.001	< 0.01	< 0.01	< 0.01	0.05 s		< 0.01	< 0.01	< 0.001	7
MERCURY	< 0.0002	< 0.0002	< 0.0001	< 0.0001	< 0.0002	< 0.0002	< 0.0002	0.002	0.002	< 0.0002	< 0.0002	< 0.0001	7
NICKEL	< 0.005	< 0.005	< 0.001	0.00103	< 0.005	< 0.005	< 0.005	0.1 ***	0.1 ***	0.00103	0.00103	< 0.001	7
SELENIUM	< 0.002	< 0.002	< 0.001	< 0.001	< 0.002	< 0.002	< 0.002	0.05	0.05	< 0.002	< 0.002	< 0.001	7
SILVER	< 0.1	< 0.1	< 0.001	< 0.001	< 0.1	< 0.1	< 0.1	0.1 s		< 0.1	< 0.1	< 0.001	7
SODIUM	2.95	3.69	2.8	4.16	2.8	4.6	10.8	unregulated		4.5	10.8	2.8	7
THALLIUM	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	0.002	0.0005	< 0.001	< 0.001	< 0.001	7
ZINC	0.00242	0.00175	0.0143	0.00965	0.00949	0.0104	0.00981	5 s		0.00826	0.0143	0.00175	7

RESULTS ARE IN mg/L EXCEPT WHERE OTHERWISE NOTED

\* TT = Treatment Technique; s = Secondary MCL; t = State only MCL

\*\* Aluminum is a secondary regulated contaminant

\*\*\* The MCL and MCLG for Nickel were remanded on February 9, 1995, monitoring requirements still in effect

# divide by 17.1 to convert to grains per gallon

**Appendix IV - Disinfection Byproducts - Distribution System**

**Distribution System Sampling for Disinfection Byproducts**

	Reported										28-Feb-2020	
Location	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II		
Date	16-Nov-2017	16-Nov-2017	30-Jan-2018	30-Jan-2018	10-May-2018	10-May-2018	17-Jul-2018	17-Jul-2018	8-Nov-2018	8-Nov-2018		
Organics Lab	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek		
Total Chlorine Residual, mg/L												
TRIHALOMETHANES, results micrograms/L												
Chloroform	0.73	0.37	0.47	0.38	0.5	<0.5	<0.5	<0.5	0.76	0.57		
Bromodichloromethane	1.46	0.65	1.07	0.62	1.04	<0.5	0.78	<0.5	1.58	0.85		
Dibromochloromethane	1.67	0.72	1.37	0.79	1.31	<0.5	1.29	<0.5	2.14	1.12		
Bromoform	0.84	< 0.5	0.63	<0.5	0.77	<0.5	0.9	<0.5	0.83	0.51		
TOTAL TRIHALOMETHANES	4.70	1.74	3.54	1.79	3.62	0	2.97	0	5.31	3.05		80
LRAA	3.23	0.80	3.72	1.25	3.96	0.88	3.71	0.88	3.86	1.21		
HALOACETIC ACIDS (HAAs), results micrograms/L												
Chloroacetic acid	< 2	< 2	< 2	< 2	< 2	< 2	< 2	< 2	< 2	< 2		
Bromoacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		
Di-Chloroacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		
Tri-Chloroacetic acid\	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		
Di-Bromoacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		
TOTAL HAA (5)	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		60
Chloro,bromoacetic acid *	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1		

Results are in µg/L (ppb) except where otherwise noted

\* State Unregulated

Prepared by Water Department



## Distribution System Sampling for Disinfection Byproducts

Location	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II	Southview	Eagle Ridge II	MAXIMUM CONTAMINANT LEVELS (MCL)
Date	14-Feb-2019	14-Feb-2019	9-May-2019	9-May-2019	8-Aug-2019	8-Aug-2019	13-Nov-2019	13-Nov-2019	Southview	Eagle Ridge II	
Organics Lab	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	Anatek	
Total Chlorine Residual, mg/L											
TRIHALOMETHANES, results micrograms/L											
Chloroform	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<b>0.57</b>	0.75			
Bromodichloromethane	<b>0.88</b>	<b>0.57</b>	<b>0.79</b>	<0.5	<b>0.81</b>	<0.5	<b>1.07</b>	<b>&lt;0.5</b>			
Dibromochloromethane	<b>1.11</b>	<b>0.75</b>	<b>1.00</b>	<b>0.52</b>	<b>1.34</b>	<0.5	<b>1.27</b>	<b>0.78</b>			
Bromoform	<b>0.60</b>	<0.5	<0.5	<0.5	0.78	<0.5	<b>0.66</b>	< 0.5			
TOTAL TRIHALOMETHANES	<b>2.59</b>	<b>1.32</b>	<b>1.79</b>	<b>0.52</b>	<b>2.93</b>	0	<b>3.57</b>	<b>1.53</b>			80
LRAA	<b>3.62</b>	<b>1.09</b>	<b>3.17</b>	<b>1.22</b>	<b>3.16</b>	<b>1.22</b>	<b>2.72</b>	<b>0.84</b>			
HALOACETIC ACIDS (HAA5), results micrograms/L											
Chloroacetic acid	< 2	< 2	< 2	< 2	< 2	< 2	< 2	< 2			
Bromoacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			
Di-Chloroacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			
Tri-Chloroacetic acid\	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			
Di-Bromoacetic acid	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			
TOTAL HAA (5)	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			60
Chloro,bromoacetic acid *	< 1	< 1	< 1	< 1	< 1	< 1	< 1	< 1			

Results are in µg/L (ppb) except where otherwise noted

\* State Unregulated

Prepared by Water Department

**CONTAMINANTS FOUND IN DRINKING WATER TESTING IN 2019**  
**CITY OF SPOKANE, WATER & HYDROELECTRIC SERVICES**

Data presented, if not from 2019, is from the most recent testing done in accordance with the regulations.

<b>SOURCE WATER TESTING</b>									
<b>CONTAMINANT</b>	<b>Units</b>	<b>Highest Average</b>	<b>Detected Maximum</b>	<b>Detected min.</b>	<b>Number Positive Samples</b>	<b>Number of Samples</b>	<b>MCL</b>	<b>MCLG</b>	<b>MAJOR SOURCES</b>
Arsenic	µg/L	(a)	4.7	3.6	2	32	10	0	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes
Nitrate	mg/L	(a)	3.32	0.71	10	10	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits
Combined Radium 226 and 228 (b)	pCi/L	(a)	1.5	1.5	1	3	5	0	Erosion of natural deposits
<b>DISTRIBUTION SYSTEM TESTING</b>									
<b>CONTAMINANT</b>	<b>Units</b>	<b>LRAA</b>	<b>Detected Maximum</b>	<b>Detected min.</b>	<b>Number Positive Samples</b>	<b>Number of Samples</b>	<b>MCL</b>	<b>MCLG</b>	<b>MAJOR SOURCES</b>
Disinfection Byproducts - TTHMs [Total Trihalomethanes]	µg/L	3.62	3.57	0.52	7	8	80	0	By-product of drinking water disinfection
<b>CONTAMINANT</b>	<b>Date sampled</b>	<b>90th Percentile (d)</b>	<b>Number of Sites exceeding AL</b>	<b>Number Positive Samples</b>	<b>Number of Samples</b>	<b>MCL</b>	<b>MCLG</b>	<b>MAJOR SOURCES</b>	
Copper (c)	mg/L	Aug-18	0.08	0	56	56	TT, AL= 1.3	1.3	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives
Lead (c)	µg/L	Aug-18	1.41	0	53	56	TT, AL= 15	0	Corrosion of household plumbing systems; Erosion of natural deposits

**Notes**

- (a) Compliance with MCL is determined by single sample results, so no average is used.
- (b) Gross Alpha results were used in lieu of Radium 226, one half of the detection limit of 1.0 was used for the ND
- (c) Faucet samples were from 'at risk' homes (those with lead service lines and those with copper pipes with lead solder joints).
- (d) 90% of at-risk homes had this concentration, or less, of lead/copper.
- (e) Unregulated contaminant monitoring help's EPA to determine where certain contaminants occur and whether the Agency should consider regulating those contaminants in the future

**Key to Table**

AL = Action Level = The concentration of a contaminant which, if exceeded, triggers treatment or other requirement which a water system must follow.

LRAA = Locational Running Annual Average

MCL = Maximum Contaminant Level = The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

MCLG = Maximum Contaminant Level Goal = The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

pCi/L = picocuries per liter (a measure of radioactivity)

## Briefing Paper Study Session

<b>Division &amp; Department:</b>	City Legal
<b>Subject:</b>	Settlement Approval for Litigation
<b>Date:</b>	
<b>Author (email &amp; phone):</b>	Michael Ormsby, <a href="mailto:mormsby@spokanecity.org">mormsby@spokanecity.org</a> , 6287
<b>City Council Sponsor:</b>	Council President Beggs
<b>Executive Sponsor:</b>	Michael Ormsby
<b>Committee(s) Impacted:</b>	PIES
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Litigation Settlement
<b>Strategic Initiative:</b>	Safe and healthy community
<b>Deadline:</b>	March 30, 2020
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Resolution of litigation
<b>Executive Summary:</b> Claimant (80-years-old) alleged damages associated with injuries (including a shoulder fracture) sustained when she allegedly tripped on a sidewalk tree grate on December 1, 2018. Claimant's husband, a disabled veteran, asserted loss of consortium damages. The settlement follows mediation conducted with Judge R. White (ret) on May 17, 2020.	
<b>Budget Impact:</b> Approved in current year budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Annual/Reoccurring expenditure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If new, specify funding source: Risk Management Budget Other budget impacts: (revenue generating, match requirements, etc.)	
<b>Operations Impact:</b> Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify changes required: Known challenges/barriers:	

Resolution No. \_\_\_\_\_

RESOLUTION RE SETTLEMENT  
OF CIVIL CLAIM AGAINST CITY OF SPOKANE

WHEREAS, a claim for damages was filed with the City of Spokane by Linda R. Dolar ("Claimant") on December 13, 2018, arising out of an incident on or about December 1, 2018, in the City of Spokane, as more fully described in her claim for damages; and

WHEREAS, the City of Spokane has determined to resolve all claims with Claimant, including derivative claims asserted by Claimant's husband, Ron Dolar, for loss of consortium, and any third-parties who may claim a subrogated interest against the City, its officers, agents, employees, and contractors, for a payment of TWO HUNDRED THOUSAND DOLLARS AND NO/100 (\$200,000.00).

WHEREAS, Claimant has agreed to accept said payment and in return to release any and all claims against the City of Spokane.

NOW, THEREFORE, be it resolved by the City Council of the City of Spokane:

The City of Spokane authorizes that payment in the amount of TWO HUNDRED THOUSAND DOLLARS AND NO/100 (\$200,000.00), to be paid to Claimant, without admission of fault or liability, as a full settlement and compromise of the above-referenced litigation, and/or claim, and in exchange the Claimant will provide a signed release fully extinguishing all claims by Claimant in connection with the incident and pledging to fully protect and indemnify the City of Spokane, their officers, agents, employees, contractors, and insurers, against all loss or liability in connection with said claim for damages or other relief.

PASSED the City Council this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
City Clerk

Approved as to form:

\_\_\_\_\_  
Assistant City Attorney

## Briefing Paper

### PIES

<b>Division &amp; Department:</b>	Public Works, Engineering
<b>Subject:</b>	Kempe to Woodridge Transmission Main
<b>Date:</b>	3-23-20
<b>Contact (email &amp; phone):</b>	Dan Buller dbuller@spokanecity.org, 625-6391
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	PIES
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget , Comp Plan, Policy, Charter, Strategic Plan)	This project is associated with projects in the 6 year water plan.
<b>Strategic Initiative:</b>	Innovative Infrastructure
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Approval of construction contract
<b>Background/History:</b>	
<ul style="list-style-type: none"> <li>• Approximately 10 years ago the city constructed the 1.1 MG Kempe reservoir on the northwest edge of Five Mile prairie to serve the north half of the prairie since the Strong Rd. reservoir was not high enough for this purpose.</li> <li>• Because this reservoir was sized to adequately serve existing as well as future development, it is larger than needed for the near term. As a result, water does not cycle through this reservoir as often as is ideal resulting in stagnant water.</li> <li>• This problem will resolve itself as Five Mile prairie develops. In the meantime, a water main connecting the Kempe reservoir to the next reservoir down the hill, Woodridge, will be installed.</li> <li>• As the area served by Woodridge reservoir draw water from that reservoir, that reservoir (Woodridge) will be refilled by water from the Kempe reservoir (rather than by the Woodridge booster station) thereby resulting in more cycling of water through the Kempe reservoir.</li> <li>• Construction is planned for this spring and is entirely outside the limits of existing roadways.</li> <li>• This project is paid with local funds.</li> </ul>	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Specify changes required:	
Known challenges/barriers:	



Woodridge Reservoir

Kempe Reservoir

Proposed 12" water main

Five Mile Prairie

Five Mile Rd

N Five Mile Rd

City of Spokane GI

## Briefing Paper PIES

<b>Division &amp; Department:</b>	Public Works, Engineering
<b>Subject:</b>	Arterial Curb Ramp (North)
<b>Date:</b>	3-23-20
<b>Contact (email &amp; phone):</b>	Dan Buller dbuller@spokanecity.org, 625-6391
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	PIES
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget , Comp Plan, Policy, Charter, Strategic Plan)	This project is associated with projects in the 6 year street plan.
<b>Strategic Initiative:</b>	Innovative Infrastructure
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Approval of construction contracts
<b>Background/History:</b>	
<ul style="list-style-type: none"> <li>• Every year the city street dept grinds and overlays various streets through the city.</li> <li>• These projects generate the need for curb ramp installation or replacements.</li> <li>• The street dept does not have the manpower or expertise to construct concrete curb ramps complying with ADA</li> </ul>	
<ul style="list-style-type: none"> <li>• Because of the large number of curb ramps to be replaced, we have divided the work load into two projects, one primarily on the north side of town and one primarily on the south side.</li> <li>• These two projects construct curb ramps from street dept. grind and overlay projects on city arterials from 2018, 2019 and 2020.</li> <li>• Because the ramps are spread out throughout town, no exhibit is attached.</li> <li>• This project is paid with local funds.</li> </ul>	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Specify changes required:	
Known challenges/barriers:	



## Briefing Paper PIES

<b>Division &amp; Department:</b>	Public Works, Engineering
<b>Subject:</b>	Hatch Br. Deck Replacement Design Contract
<b>Date:</b>	3-23-20
<b>Contact (email &amp; phone):</b>	Dan Buller ( <a href="mailto:dbuller@spokanecity.org">dbuller@spokanecity.org</a> 625-6391)
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	PIES
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget , Comp Plan, Policy, Charter, Strategic Plan)	This project is in the 6 year street plan.
<b>Strategic Initiative:</b>	Innovative Infrastructure
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Approval of design contract
<b>Background/History:</b>	
<ul style="list-style-type: none"> <li>• The Hatch Rd. bridge over Latah Cr. was constructed in 1919 originally as an earth filled arch.</li> <li>• In 1964 the bridge was rehabilitated with new pier walls and a steel floor system overlain by a corrugated metal deck.</li> </ul>	
<ul style="list-style-type: none"> <li>• The existing bridge deck is 56 years old and due for a deck replacement. The existing arch will be thoroughly inspected but is believed to be in good condition.</li> <li>• The City has obtained a federal grant which will cover most of the deck replacement cost.</li> <li>• While widening the bridge is not feasible with the existing funds, the addition of a turn pocket between the bridge and Hwy 195 is under consideration.</li> <li>• The contract that is the subject of this briefing paper is for the design of this project.</li> <li>• We expect to bid the project in fall of this year with construction occurring in 2021.</li> </ul>	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Specify changes required:	
Known challenges/barriers:	





## Briefing Paper

### Public Infrastructure, Environment, and Sustainability

<b>Division &amp; Department:</b>	Public Works Division / Integrated Capital Management
<b>Subject:</b>	Contract with GHD for 20-yr Capital Utility Facilities Plan Analysis
<b>Date:</b>	03/23/2020
<b>Author (email &amp; phone):</b>	<a href="mailto:mdavis@spokanecity.org">mdavis@spokanecity.org</a>
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	Public Infrastructure, Environment, and Sustainability
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Comprehensive Plan Capital Facility Plans for Utilities
<b>Strategic Initiative:</b>	
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Approve Contract with GHD for a 20-Year Capital Utility Facilities Plan Multi-Objective Decision Analysis
<b>Background/History:</b>	
<p>Analysis for the 20-year Capital Facilities Plans for Water, Sewer and Stormwater has been on-going by City Staff. Projects need to be selected and prioritized. GHD, the selected engineering consultant, will assist the City in develop a prioritization matrix similar to the Street Program as part of Link-Spokane. GHD will be using an asset management based multi-objective decision analysis (MODA) Approach. This approach provides a rigorous and defensible decision-making process that results in better-managed risk as well as improved public confidence, internal utility coordination, communication, and information and knowledge transfer/retention. An asset management approach will enable balancing the costs of infrastructure assets and acceptable level of risk, while continuously delivering established levels of service.</p>	
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• <i>Contract with GHD to develop a multi-objective decision analysis to use for project prioritization in the 20-year Capital Facility plans for Water, Sewer, and Stormwater.</i></li> <li>• <i>Contract is still in negotiations, but contract amount will be \$75,000 or less.</i></li> <li>• <i>Work is expected to be completed by the end of 2020.</i></li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual/Reoccurring expenditure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> Requires change in current operations/policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> Specify changes required: Known challenges/barriers:	

## Briefing Paper

### Public Infrastructure, Environment, and Sustainability

<b>Division &amp; Department:</b>	Public Works – Riverside Park Water Reclamation Facility
<b>Subject:</b>	Contract for Fire Control - Panel Work
<b>Date:</b>	3/23/2020
<b>Contact (email &amp; phone):</b>	Michael Cannon, Assistant Plant Manager, 625-4642 <a href="mailto:mcannon@spokanecity.org">mcannon@spokanecity.org</a>
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons, Director, Public Works
<b>Committee(s) Impacted:</b>	PIES
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b>	Operating Budget
<b>Strategic Initiative:</b>	
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Council approval to award contract with Johnson Controls Fire Protection LP, at a cost of \$53,078.81.
<p><u>Background/History:</u> The Cogen building design is not conducive to installation of standard “ceiling mounted” smoke detectors, so a laser unit was installed at the time of construction.</p> <ul style="list-style-type: none"> <li>• That laser smoke detector is no longer working correctly and needs to be updated with a model that will allow for minor building vibration and movement. <ul style="list-style-type: none"> <li>○ The original detector is a basic model that only reflects a beam off of a fixed reflector. The reflected signal is easily moved off course by minor building vibrations, building movement and temperature swings, causing false alarms in Cogen.</li> <li>○ The new sensor incorporates an active reflector that automatically aligns itself with the beam, eliminating false alarms and evacuations.</li> </ul> </li> <li>• The existing Simplex fire alarm control panel for the DT building was installed in the mid-70’s.</li> <li>• The controller is beginning to experience intermittent failures, which are preventing us from acknowledging and clearing alarms.</li> <li>• The controller and its associated components are obsolete and repair parts are no longer available.</li> <li>• If that controller has a complete failure, our DT facility will not have the required fire detection for a minimum of several weeks, probably longer until a new one could be installed.</li> <li>• A new cabinet and controller was installed in the DT electrical room as part of the SD3 project, but no provisions were made at that time to incorporate the existing system in with the new system.</li> <li>• This project will route the fire detection wiring into the SD3 cabinet, install a new controller, and provide all needed programming for the DT facility fire detection. <ul style="list-style-type: none"> <li>○ It will also eliminate the old cabinet, freeing up needed space in the DT electrical room.</li> </ul> </li> </ul>	
<p><u>Executive Summary:</u></p> <ul style="list-style-type: none"> <li>• <u>Impact</u> – Continuation of RPWRF operations.</li> <li>• <u>Action</u> – RPWRF is seeking Council approval to award contract with Johnson Controls Fire Protection LP.</li> <li>• <u>Funding</u> – Funding for this purchase is provided in the Wastewater Management budget and revenue is derived from sewer rates.</li> </ul>	

**Budget Impact:**

Approved in current year budget?  Yes  No  N/A

Annual/Reoccurring expenditure?  Yes  No  N/A

If new, specify funding source: Department

Other budget impacts: (revenue generating, match requirements, etc.)

**Operations Impact:**

Consistent with current operations/policy?  Yes  No  N/A

Requires change in current operations/policy?  Yes  No  N/A

Specify changes required:

Known challenges/barriers:

## Briefing Paper (PIES)

<b>Division &amp; Department:</b>	Street
<b>Subject:</b>	Nuvo Gap B Product from Specialty Asphalt
<b>Date:</b>	3/23/2020
<b>Contact (email &amp; phone):</b>	<a href="mailto:rhowerton@spokanecity.org">rhowerton@spokanecity.org</a> / 625-7741
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Strategic Plan
<b>Strategic Initiative:</b>	Infrastructure
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	
<b>Background/History:</b>	
<p><i>Nuvo Gap is the crack sealing material that is used on the wider and deeper cracks found on the residential streets. It cost \$0.78 per pound and we plan to use about 90,000 pounds of this material not to exceed \$80,000.</i></p>	
<b>Executive Summary:</b>	
<p><i>Impact</i></p> <ul style="list-style-type: none"> <li>We started a residential crack sealing program in 2012 to preserve residential streets and extend their life cycle as part of the Transportation Benefit District (TBD) program. In 2013 we started using Nuvo Gap in deep wide cracks (1 inch and wider) to aid in the drivability and smoothness of streets and preservation and extension of the life cycle of these streets. We will be able to fill approximately 200,000 lineal feet of crack using this product.</li> </ul> <p><i>Action</i></p> <ul style="list-style-type: none"> <li>Approve this value blanket for NUVO GAP using state contract #01211, on “as needed” bases.</li> </ul> <p><i>Funding</i></p> <ul style="list-style-type: none"> <li>Funding for this is included in the 2020 street operation and maintenance budget.</li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> N/A Annual/Reoccurring expenditure? <input type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> N/A If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> N/A Requires change in current operations/policy? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Specify changes required: Known challenges/barriers:	

## Briefing Paper (PIES)

<b>Division &amp; Department:</b>	Street
<b>Subject:</b>	SA Premier hot-pour rubberized sealant from Specialty Asphalt
<b>Date:</b>	3/23/2020
<b>Contact (email &amp; phone):</b>	<a href="mailto:rhowerton@spokanecity.org">rhowerton@spokanecity.org</a> / 625-7741
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons
<b>Committee(s) Impacted:</b>	
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Strategic Plan
<b>Strategic Initiative:</b>	Infrastructure
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	
<b>Background/History:</b>	
<p><i>SA Premier hot-pour rubberized crack sealant is used to crack seal streets on an approximate five-year cycle. We plan to use about 144,000 lbs. on both the arterial and residential streets this year. The SA Premier Rubberized Crack Sealant cost is \$0.834 per pound and is on State Contract #01211, not to exceed \$125,000.</i></p>	
<b>Executive Summary:</b>	
<p><i>Impact</i></p> <ul style="list-style-type: none"> <li>The Street Department started a maintenance crack seal program in 2003 on arterial streets. The residential crack seal program started in 2012 as part of the Transportation Benefit District (TBD) funding. Crack sealing the life of pavement by reducing the amount of moisture that infiltrates the subgrade, which reduces the impacts of the freeze/thaw cycles during winter months. We plan to crack seal approximately 500,000 linear feet in 2020.</li> </ul> <p><i>Action</i></p> <ul style="list-style-type: none"> <li>Approval of a one-year blanket order for SA Premier using State Contract #01211, on an “as needed” basis.</li> </ul> <p><i>Funding</i></p> <ul style="list-style-type: none"> <li>Funding for this is included in the 2020 Street Operation and Maintenance Budget.</li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Annual/Reoccurring expenditure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Specify changes required: Known challenges/barriers:	



## Briefing Paper

### Public Infrastructure, Environment and Sustainability Committee

<b>Division &amp; Department:</b>	Public Works Division; Solid Waste Disposal
<b>Subject:</b>	Sole Source Resolution and Contract for Turbine Generator Repairs and Maintenance at the WTE.
<b>Date:</b>	March 23, 2020
<b>Contact (email &amp; phone):</b>	Chris Averyt, <a href="mailto:caveryt@spokanecity.org">caveryt@spokanecity.org</a> , 625-6540
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons, Director, Public Works
<b>Committee(s) Impacted:</b>	Public Infrastructure, Environment and Sustainability Committee
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget , Comp Plan, Policy, Charter, Strategic Plan)	
<b>Strategic Initiative:</b>	Innovative Infrastructure – Sustainability; Sustainable Resources-Sustainable Practices
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Council approval for the sole source resolution and contract, without which the WTE Facility would be unable to keep the Turbine Generator running and producing electricity.

Background/History:

The turbine generator is an integral part of the 24hr/7 day a week operations. If it were to break down and maintenance/parts were not readily available, the City would lose revenue from power generation and incur additional costs in the form of purchased power. Dresser Rand Company of Seattle, WA is the OEM of this proprietary equipment and are the only company that possesses the design, fabrication and manufacturing information for the maintenance, service and product supplies necessary for the condensing steam turbine generator at the WTE facility. A sole source resolution and contract for five (5) years is being requested in order to keep the turbine generator operational. The estimated annual cost for these services should not exceed \$100,000.00 for a total cost of \$500,000.00 for the life of the contract from March 1, 2020 through February 28, 2025.

Executive Summary:

- Sole Source Resolution and Contract with Dresser Rand Company for maintenance, service and product supplies necessary for the condensing steam turbine generator at the WTE Facility.
- Estimated annual cost of \$100,000.00.
- The term of this contract is March 1, 2020 through February 28, 2025.
- The WTE Facility is unable to produce electricity without the turbine generator and will lose revenue and increase costs due to purchasing power instead of producing it..
- Dresser Rand is the original equipment manufacturer.

Budget Impact:

Approved in current year budget?     Yes     No     N/A  
 Annual/Reoccurring expenditure?     Yes     No     N/A

If new, specify funding source:

Other budget impacts: (revenue generating, match requirements, etc.)

Operations Impact:

Consistent with current operations/policy?     Yes     No     N/A  
 Requires change in current operations/policy?     Yes     No     N/A

Specify changes required:

Known challenges/barriers:

## Briefing Paper

### Public Infrastructure, Environment and Sustainability Committee

<b>Division &amp; Department:</b>	Public Works Division; Solid Waste Disposal
<b>Subject:</b>	Sole Source Resolution and Contract for NERC/FERC Compliance Monitoring and Reporting for the WTE
<b>Date:</b>	March 23, 2020
<b>Contact (email &amp; phone):</b>	Chris Averyt, <a href="mailto:caveryt@spokanecity.org">caveryt@spokanecity.org</a> , 625-6540
<b>City Council Sponsor:</b>	Breean Beggs, City Council President
<b>Executive Sponsor:</b>	Scott Simmons, Director, Public Works
<b>Committee(s) Impacted:</b>	Public Infrastructure, Environment and Sustainability Committee
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	
<b>Strategic Initiative:</b>	Innovative Infrastructure – Sustainable Resources
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Council approval of the sole source resolution in order to remain in compliance with the NERC/FERC Reliability Standards.
<b>Background/History:</b>	
<p>All power producers are required to be in compliance with the National Electric Reliability Corporation (NERC) and the Federal Energy Regulatory Commission (FERC) Reliability Standards. Non-compliance with these standards can lead to extensive fines, and the City does not have the internal experience to develop, implement and maintain the program necessary for compliance with these standards.</p> <p>McCoy Power Consultants developed the compliance program currently used at the Waste to Energy Facility to ensure compliance with these standards. If the City were to make any changes, it would require a significant cost for a new vendor to create a new program and would expose the City to the risk of errors due to unfamiliarity with our processes and regulations.</p> <p>The sole source resolution and resulting contract would be for five (5) years running from July 1, 2020 through June 30, 2025 and will cost approximately \$95,000.00 annually.</p>	
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• Sole source resolution and contract with McCoy Power Consultants to provide NERC/FERC Reliability Standards compliance services.</li> <li>• Term to begin on July 1, 2020 and run through June 30, 2025.</li> <li>• Annual cost for these services is \$95,000.00.</li> <li>• Approval of the sole source resolution and contract would keep the City from incurring significant additional costs and reduce the additional risk of non-compliance.</li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Specify changes required: Known challenges/barriers:	



# Briefing Paper

## PUBLIC INFRASTRUCTURE & SUSTAINABILITY COMMITTEE

<b>Division &amp; Department:</b>	Purchasing
<b>Subject:</b>	PW Master Service Contract for Arborist On Call Services
<b>Date:</b>	3/23/20
<b>Contact (email &amp; phone):</b>	Sally Stopher. <a href="mailto:sstopher@spokanecity.org">sstopher@spokanecity.org</a> , 625-6032
<b>City Council Sponsor:</b>	Council President Beggs
<b>Executive Sponsor:</b>	
<b>Committee(s) Impacted:</b>	
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget , Comp Plan, Policy, Charter, Strategic Plan)	
<b>Strategic Initiative:</b>	
<b>Deadline:</b>	
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	
<p><u>Background/History:</u> The City of Spokane has a need for On-Call Arborist Services. PW ITB #5239-20 was put out through the City’s procurement portal and two (2) responses were received with F.A. Bartlett Tree Experts being the lowest responsive, responsible vendor.</p>	
<p><u>Executive Summary:</u></p> <p><u>Impact</u></p> <ul style="list-style-type: none"> <li>This Master Service Contract will allow all City departments to access the On Call Arborist Services</li> </ul> <p><u>Action</u></p> <ul style="list-style-type: none"> <li>Approve the Master Service Contract with F.A. Bartlett Tree Expert (Spokane Valley, WA) for On Call Arborist Services for a two (2) year period at an estimated annual amount of \$100,000 per year with two (2) one-year optional renewals.</li> </ul> <p><u>Funding</u></p> <ul style="list-style-type: none"> <li>Funding is available in the affected department’s budgets.</li> </ul>	
<p><u>Budget Impact:</u></p> <p>Approved in current year budget?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>Annual/Reoccurring expenditure?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>If new, specify funding source:</p> <p>Other budget impacts: (revenue generating, match requirements, etc.)</p>	
<p><u>Operations Impact:</u></p> <p>Consistent with current operations/policy?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>Requires change in current operations/policy?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p>Specify changes required:</p> <p>Known challenges/barriers:</p>	

## Briefing Paper

### Public Infrastructure, Environment & Sustainability (PIES) Committee

<b>Division &amp; Department:</b>	Innovation and Technology Services Division
<b>Subject:</b>	Oracle's PeopleSoft and Database Annual Software Maintenance and Support
<b>Date:</b>	March 23, 2020
<b>Author (email &amp; phone):</b>	Michael Sloon, <a href="mailto:msloon@spokanecity.org">msloon@spokanecity.org</a> , 625-6468
<b>City Council Sponsor:</b>	
<b>Executive Sponsor:</b>	Eric Finch and Michael Sloon
<b>Committee(s) Impacted:</b>	Public Infrastructure, Environment & Sustainability Committee
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Oracle Annual Software Maintenance and Support  Utilizing Budget Account #5300 73300 18850 54820
<b>Strategic Initiative:</b>	Sustainable Resources
<b>Deadline:</b>	20 April 2020
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Continuation for Oracle Ongoing annual maintenance and support for PeopleSoft HCM and Cstar database.
<u>Background/History:</u>	
<p>Oracle America, Inc supports the City's PeopleSoft Human Capital Management (HCM) System and Cstar Oracle database, which is utilized by various City Departments. Oracle Software was selected and implemented in 2009 for the City of Spokane's PeopleSoft Benefits, Payroll and Time &amp; Labor software. Oracle Software is the only supplier of PeopleSoft licensing. This contract includes software assurance for PeopleSoft Software. 2019 contract amount was \$211,157.12.</p>	
<u>Executive Summary:</u>	
<ul style="list-style-type: none"> <li>• Contract with Oracle America, Inc. for Annual Software Maintenance and Support of the City's PeopleSoft HCM system and Oracle Databases.</li> <li>• Requesting \$199,483.50 including tax for the renewal of this contract.</li> <li>• Change in contract amount is due to elimination of AssetWorks' M5 database licenses.</li> <li>• Term is April 21, 2020 – April 20, 2021</li> </ul>	
<u>Budget Impact:</u>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<u>Operations Impact:</u>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify changes required: Known challenges/barriers:	

## Briefing Paper

### Public Infrastructure, Environment & Sustainability Committee

<b>Division &amp; Department:</b>	Innovation and Technology Services Division
<b>Subject:</b>	Customer Relationship Management (CRM)
<b>Date:</b>	March 23, 2020
<b>Author (email &amp; phone):</b>	Michael Sloon, <a href="mailto:msloon@spokanecity.org">msloon@spokanecity.org</a> , 625-6468
<b>City Council Sponsor:</b>	
<b>Executive Sponsor:</b>	Eric Finch and Carly Cortright
<b>Committee(s) Impacted:</b>	Public Infrastructure, Environment & Sustainability Committee
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	My Spokane – CRM  Utilizing Budget Account TBD
<b>Strategic Initiative:</b>	Sustainable Resources
<b>Deadline:</b>	April 30, 2020
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	Continuation for Salesforce Licenses Ongoing annual maintenance and support of the City's CRM system.
<u>Background/History:</u>	
<p>The Customer Relationship Management (CRM) system is the application used to track citizen engagement, through multiple city entities, including My Spokane-311, Utility Billing, Mayor's Office, Solid Waste Management and Streets Departments. Carahsoft supplies the Salesforce licensing in support of the City's Customer Relationship Management (CRM). Salesforce was selected and implemented in 2019. 2019 contracted amount was \$114,025.68 including tax.</p>	
<u>Executive Summary:</u>	
<ul style="list-style-type: none"> <li>• Contract with Carahsoft for Salesforce licenses.</li> <li>• Requesting \$114,025.68 including tax for the renewal of this contract.</li> <li>• Term is May 1, 2020 through April 30, 2021</li> </ul>	
<u>Budget Impact:</u>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
<u>Operations Impact:</u>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify changes required: Known challenges/barriers:	

## Briefing Paper

### Public Infrastructure, Environment, and Sustainability Committee

<b>Division &amp; Department:</b>	Neighborhood and Business Services – Community, Housing, and Human Services
<b>Subject:</b>	Consolidated Homeless Grant – County Partnership
<b>Date:</b>	3/11/20
<b>Author (email &amp; phone):</b>	Matt Davis ( <a href="mailto:mrDavis@spokanecity.org">mrDavis@spokanecity.org</a> ext. 6815)
<b>City Council Sponsor:</b>	N/A
<b>Executive Sponsor:</b>	Tim Sigler
<b>Committee(s) Impacted:</b>	Public Safety and Community Health
<b>Type of Agenda item:</b>	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
<b>Alignment:</b> (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	2015-2020 Strategic Plan to End Homelessness; 2015-2020 Consolidated Plan for Community Development
<b>Strategic Initiative:</b>	Reduce Homelessness
<b>Deadline:</b>	Effective Date for these amendments is 3/1/2020
<b>Outcome:</b> (deliverables, delivery duties, milestones to meet)	CHHS is requesting permission to substantially amend two subrecipient agreements funded Consolidated Homeless Grant (CHG) funds granted to the City by Spokane County to improve regional coordination efforts in accordance with the City’s Strategic Plan to End Homelessness.
<b>Background/History:</b> For several months CHHS staff have met with staff Spokane County Community Services, Housing & Community Development (CSHCD) to improve access to homeless service programs fund by both the City and County. It was determined the most efficient path forward was to more deeply funded the coordinated entry (CE) system managed for the regional Continuum of Care (CoC) by Spokane Neighborhood Action Partners (SNAP) and Catholic Charities of Eastern WA (CCEW) in order to allow those agencies to expand access to CE assessment, housing navigation services, and diversion from the homeless crisis response.	
<b>Executive Summary:</b>	
<ul style="list-style-type: none"> <li>• The Department of Commerce awarded Spokane County \$2,091,492.00 in CHG funds for the period 7/1/19 to 6/30/21</li> <li>• The County has subgranted \$2,016,492.00 to the City of Spokane, of which the City has retained \$244,006 for administrative oversight costs.</li> <li>• The City of Spokane has subgranted \$1,455,289.00 to community providers to serve households experiencing homelessness</li> <li>• The County has directed to the City that priority for the remaining \$317,197 is to improve access to the CoC’s coordinated entry system for households experiencing or at-risk of homelessness in more remote parts of Spokane County.</li> <li>• The City is seeking permission to amend existing grant agreements with SNAP and CCEW to implement this priority in the amounts of \$175,946 and \$141,251 respectively.</li> </ul>	
<b>Budget Impact:</b>	
Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If new, specify funding source: N/A	
Other budget impacts: N/A	
<b>Operations Impact:</b>	
Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Requires change in current operations/policy?

Yes

No

Specify changes required: None.

Known challenges/barriers: None.



**City of Spokane**  
**AGREEMENT AMENDMENT B**  
Title: Rapid Re-Housing for Singles Program

This Agreement Amendment is made and entered into by and between the **City of Spokane** as (“City”), a Washington municipal corporation, and **Spokane Neighborhood Action Partners**, whose address is 3102 West Fort George Wright Dive, Spokane, Washington 99224 as (“GRANTEE”).

*WHEREAS, the parties entered into an Agreement wherein the GRANTEE agreed to administer for the City the Rapid Re-Housing for Singles Program; and*

*WHEREAS, a change or revision of the work has been requested, thus the original Agreement needs to be formally Amended by this written document and*

*WHEREAS, additional funds are necessary to complete the Project, thus the original Agreement needs to formally Amended by this written document; and*

*WHEREAS, additional funding has been made available under the Program Year 2019 Consolidated Homeless Grant, Grantor Award # 20-46108-29; and*

*WHEREAS, the parties desire to increase funding and modify the corresponding Project budget and to supplant the original Agreement billing form Attachment referenced as part of the original Agreement documents; and*

*-- NOW, THEREFORE, in consideration of these terms, the parties mutually agree as follows:*

**1. CONTRACT DOCUMENTS.**

The original Agreement, dated September 16, 2019, any previous amendments, addendums and / or extensions / renewals thereto, are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

**2. EFFECTIVE DATE.**

This Agreement Amendment shall become effective on January 1, 2020.

**3. AMENDMENT.**

**SECTION NO. 3 – BUDGET.** The total amount City shall pay GRANTEE is increased by **ONE HUNDRED SEVENTY FIVE THOUSAND NINE HUNDRED FORTY SIX AND NO/100 DOLLARS (\$175,946.00)** for everything furnished and done under this Amendment which equates to a new total Agreement amount not to exceed **FIVE HUNDRED SEVEN THOUSAND EIGHT HUNDRED FIFTY AND NO/100 DOLLARS (\$507,850.00)** for everything furnished and done under the original Agreement and this Amendment. This is the maximum amount to be paid under this Amendment and original Agreement, and shall not be exceeded without the prior written authorization of the City, memorialized with the same formality as the original Agreement and this Amendment document. The original Agreement BUDGET chart is modified as follows (this budget chart entirely replaces the budget chart portrayed in SECTION NO. 3 {page 3} of the original Agreement):

<b>Category</b>	<b>Amount</b>
Rental Assistance	\$230,029
Operations	\$252,688
Administration	\$25,133
TOTAL	\$507,850

**4. AMENDMENT.**

SECTION NO. 8.B.3 – PAYMENT PROCEDURES. The original Agreement is amended as follows:

The CITY shall reimburse the GRANTEE only for actual incurred costs upon presentation of accurate and complete reimbursement forms as provided by the CITY in ~~Attachment B~~ Attachment 2 and approved by the CITY. Only those allowable costs directly related to this Agreement shall be paid. The amount of each request must be limited to the amount needed for payment of eligible costs.

Requests for reimbursement by GRANTEE shall be submitted no more than once per month on or before the 10<sup>th</sup> of each month for the previous month’s expenditures as directed below, using the forms provided by the CITY in ~~Attachment B~~ Attachment 2. For expenses incurred during the month of December, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of January, and for expenses incurred during the month of June, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of July. In conjunction with each reimbursement request, GRANTEE shall certify that services to be performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other founding source. GRANTEE shall submit reimbursement requests to the CITY’s Contract Representative designated on the FACE SHEET of this Agreement either by mail to the address listed above or by e-mail to [chhsreports@spokanecity.org](mailto:chhsreports@spokanecity.org).

a. Reimbursement Requests

The GRANTEE shall submit comprehensive invoice packets for the first and last months of the period of performance as identified on the FACE SHEET of this Agreement. Comprehensive invoices must include the billing form, sub-reports, general ledger, and complete supporting documentation. The CITY may request a comprehensive invoice in lieu of a monthly invoice for monitoring purposes throughout the period of performance of this Agreement.

With the exception of the invoices for the first and last months of the project, the GRANTEE shall submit monthly invoices that include the billing form, appropriate sub-reports (e.g. payee expense detail, staff expense detail, housing assistance detail report, program income), and the general ledger report for the applicable month. The GRANTEE shall maintain appropriate supporting documentation, including copies of receipts, time and effort tracking, and proof of payment.

b. Payment

Payment will be made via direct deposit/ACH within thirty (30) days after receipt of the GRANTEE’s application except as provided by state law. If the CITY objects to all or any portion of the invoice, it shall notify the GRANTEE and reserves the right to only pay that portion of the invoice not in dispute. In that event, the parties shall immediately make every effort to settle the disputed amount.

In the event that the CITY determines that any funds were expended by the GRANTEE for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, the CITY may order repayment of the same. The GRANTEE shall remit the disallowed amount to the CITY within thirty (30) days of written notice of the disallowance.

- i. The GRANTEE agrees that funds determined by the CITY to be surplus upon completion of the Agreement will be subject to cancellation by the CITY.
- ii. The CITY shall be relieved of any obligation for payments if funds allocated to the CITY cease to be available for any cause other than misfeasance of the CITY itself.
- iii. The CITY reserves the right to withhold payments pending timely delivery of program reports or documents as may be required under this Agreement.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Agreement Amendment by having legally-binding representatives affix their signatures below.

**SPOKANE NEIGHBORHOOD ACTION PARTNERS**

**CITY OF SPOKANE**

By \_\_\_\_\_  
Signature                                  Date

By \_\_\_\_\_  
Signature                                  Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Attest:

Approved as to form:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Assistant City Attorney

**Attachments that are part of this Agreement:**  
Attachment 1 – Debarment Certification  
Attachment 2 – REVISED Grantee Billing Form



**ATTACHMENT 1**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION**

1. The undersigned (i.e., signatory for the Subrecipient / Contractor / Consultant) certifies, to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
  - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
  - d. Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.

2. The undersigned agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.

3. The undersigned further agrees by signing this contract that it will include the following clause, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

1. The lower tier contractor certified, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.

4. I understand that a false statement of this certification may be grounds for termination of the contract.

<u>Spokane Neighborhood Action Partners</u> Name of Subrecipient / Contractor / Consultant (Type or Print)	<u>Rapid Re-Housing for Singles</u> Program Title (Type or Print)
_____ Name of Certifying Official (Type or Print)	_____ Signature
_____ Title of Certifying Official (Type or Print)	_____ Date (Type or Print)

## Information & Instructions for Completing Grantee Billing Form & Itemized Expense Reports

A reimbursement request, otherwise known as a bill or invoice, consists of a Grantee Billing Form, Payee Expense Report, Staff Expense Report and detailed documentation of the expenses. The billing form includes the approved budget categories and amounts during the active performance period of the Agreement. The Payee Expense Report and Staff Expense Report should be completed to detail each itemized expense being requested on the billing form in the Current Expense Request in Column B in aggregate value for each Approved Budget Category for the current expense period.

You should bill monthly for expenditures. If there have been no expenditures paid for the previous month, an invoice is not required. Please submit a final reimbursement request with all required documentation by the identified date in your Agreement. A final program report will be required to be submitted as well. You will not be paid until all documentation and final reports are received. HMIS Data MUST be electronically posted in the HMIS database before invoices will be paid.

Complete the Staff Expense Report for each employee you are requesting reimbursement of salary and fringe benefits based on the allowed activity and amount of actual time spent performing that activity. Record the employee Name, allowed Activity being funded, the Expense Category of the approved budget applicable to the activity, Total Hours Worked, Hours Worked on Listed Activity, and Total Salary & Fringe paid during the Expense Period. If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. Total Salary and Fringe should be reflected as the monthly amount. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a single project.

Complete the Payee Expense Report for the project expenses that are not staff salary/benefits or housing assistance. Record the Payee (who you paid), Expense Category (Rapid Re-Housing, Emergency Shelter or Administration), Expenditure Type (Rent, Housing Stabilization, Program Operations, etc.), Total Bill (total amount of expense). If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a

Complete the Housing Assistance Detail Report for each housing assistance expense (rental application fees, rental assistance, security deposits, etc.) you are claiming reimbursement for. Record the HMIS client ID number, housing assistance expense type (application fee, security deposit, rent assistance, etc.) unit/FMR info if known, client lease information if known, and reimbursement information. If your grant is providing housing assistance through two or more projects, complete a Housing Assistance Detail Report for each one. If needed, complete the Housing Assistance Adjustment Report to explain changes to previously reported housing assistance expenses charged to the grant including Adjustment Reason.

Complete the Match Report for any project requiring a match contribution in accordance with the Agreement. Record the expense, match type, and cost information and submit it in conjunction with the reimbursement request on the schedule as listed in the Agreement. Do not submit the Match Report if you are not claiming match.

Complete the Program Income Report for any program income earned by the project. Record the expense information, amount, and any notes in the report and submit it in conjunction with the reimbursement request. Do not submit the Program Income Report if the project did not earn program income.

**The billing form and itemized expense reports MUST be signed in ink. The formulas should not be changed or adjusted in the form(s).**

### Completing the Grantee Billing Form:

- Name and address of your organization requesting reimbursement.

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- Expense Period (should bill as monthly expenses, January, February, etc.)

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- Enter total amount of Monthly Actual in Column B to represent the amount requested for reimbursement for the current period in the line item category of the approved budget (i.e. - Rapid Re-Housing, Emergency Shelter and Administration) and should reflect the total of itemized expenses on the Payee Expense and Staff Expense Reports. The Payee Expense and Staff Expense Reports must be completed and submitted with the billing form. You may not transfer funds between approved categories without written preapproval from the City.

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- Enter Total Previously Requested in Column C, as applicable to each line item in the approved category of the budget. The

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- Ensure all back up documentation is included for payment processing if you are using any type of the allocation for direct or

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- Sign in ink, provide title, date, email address and telephone number before sending for approval and payment processing to City of Spokane Community, Housing, and Human Services Department.

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## Documentation Required for Billing Forms:

All requests for reimbursement must be supported by documentation necessary to show that the costs charged to the grant funds were incurred during the active performance period of the Agreement, were actually paid out, were allowable items and have been approved by the responsible official within the organization. For example:

**Salary and Fringe** – receipts, payroll reports, timesheets signed by the employee and the immediate supervisor, letters of employment that include rate of pay, benefits and employee withholdings. For staff directly charged to a grant funded program or project time and attendance records should be included as well. Other sources of documentation might include, canceled checks from employees, insurance provider, etc. or evidence of direct deposits which document outlay of expenses. **100% of the time daily must be recorded for all hours worked by activity performed. This is required for all federally funded grant positions.**

**Rent/Utilities** – proof of payment to vendor, rental or lease agreement, utility bills. If the cost of the space or utilities is split between grant funded and other sources, there must be a reasonable method in place to allocate the charges fairly among the sources and the method provided.


**Supplies and Materials (all Goods)** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. It's also helpful to keep information regarding where the supplies are stored and for what program or project are they being used in the organizations' internal file.

**Equipment** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. Packing slips are only proof of delivery and do not act as an invoice from the vendor. If the item received is an inventorial piece of equipment, the serial number, model, and inventory tag should be noted on the purchase order or invoice from the vendor.

**Other** – proof of payment, receipts, invoices from vendor. Please contact the City for specific questions on required documentation.

**Admin/Indirect Costs** – methodology of application applied in accordance with Federal Guidance on allocation of direct costs for non-profits using the base most appropriate (for federally funded agreements) or applied in accordance with a methodology that the City has approved the use of (for agreements funded with non-federal sources).

If you are allocating either direct expenses or indirect expenses using a rate other than a federally negotiated rate or the de minimis rate (10% MTDC) the use of your allocation plan must be approved by the City prior to you charging the grant program. The allocation should consist of your pooled costs or cost basis and the narrative for the methodology applied to determining the calculated rate or percentage. Direct expenses allocated usually include utilities, rent, agency liability insurance, and may include staff paid time allocated as well.

	<b>City of Spokane</b> <b>Grantee Billing Form</b>  <b>SPOKANE COUNTY FY 2019 CHG</b>	City Clerk #	<b>OPR 2019-0787</b>		
		Vendor ID #	019804		
		FMS Acct #	1540-95483-65410-54201-99999		
<b>SUBMIT BILLING TO:</b>		Submit this form to claim payment for materials, merchandise, and/or services. Show complete detail for each item. <b>Vendor/Claimant Certificate:</b> I hereby certify under perjury that the items and totals listed herein are proper charges for materials, merchandise and/or services furnished, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veteran status. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Services performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other funding source.			
City of Spokane Community, Housing, and Human Services Dept. 808 W. Spokane Falls Blvd, 6th Floor Spokane, WA 99201					
<b>GRANTEE (Warrant is to be payable to):</b>					
Spokane Neighborhood Action Partners 3102 W. Fort George Wright Drive Spokane, WA 99224					
<b>Grantee Certification</b>					
Project/Program:	Rapid Re-Housing for Singles			<b>By:</b>	
Award Number:	20-46108-29/19HCD2390				
Grant Term:	07/01/2019 - 06/30/2021			(SIGN IN INK)	
Indirect Cost Rate:	Agency Allocation Plan			(TITLE) (DATE)	
Expense Period:				(EMAIL ADDRESS) (TELEPHONE NUMBER)	
Billing Date					
	<b>A</b> Grant Budget	<b>B</b> Current Expense Request	<b>C</b> Total Previously Requested	<b>D</b> Grant Balance (A-B-C)	
<b>EXPENSE Categories:</b>					
<b>RENTAL ASSISTANCE</b>					
Rent Payments	\$ 228,629.00	\$ -	\$ 73,267.66	\$ 155,361.34	
Other Housing Costs	\$ 1,400.00	\$ -	\$ 300.95	\$ 1,099.05	
<b>OPERATIONS</b>					
CE and Diversion Operations	\$ 58,277.00	\$ -	\$ -	\$ 58,277.00	
Flex Funds	\$ 56,551.00	\$ -	\$ -	\$ 56,551.00	
Facility Support & Rent Asst. Ops	\$ 137,860.00	\$ -	\$ 40,627.85	\$ 97,232.15	
<b>ADMINISTRATION</b>					
Administration	\$ 25,133.00	\$ -	\$ 4,912.15	\$ 20,220.85	
<b>GRAND TOTAL</b>	<b>\$ 507,850.00</b>	<b>\$ -</b>	<b>\$ 119,108.61</b>	<b>\$ 388,741.39</b>	
Contract Amount (auto populated)		\$ 507,850.00	% Expended:	23.45%	
Total Expended to Date (auto populated)		\$ 119,108.61			
Contract Remaining Balance		\$ 388,741.39	% Remaining:	76.55%	
← Check box if final request.			CHHS Approval:		

**Payee Expense Report**

Organization: SNAP	Grant #: 20-46108-29/19HCD2390	City Clerk #: OPR 201-0787
Prepared By:	Title:	Date:

Please complete the table for ALL (non-Staff) expenses for the reported period. Copies of receipts and invoices MUST be attached.

Payee/Vendor Name	Expense Category (Support Services, Operating Expenses, etc.)	Expenditure Type (Rent, Maintenance, Furnishings, Case Management etc.)	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total
EXAMPLE: Avista	Operating Expenses	Utilities	\$ 90.91	\$ 9.09	\$ 100.00
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<b>Total Current Expenses Requested this Period</b>			\$ -	\$ -	\$ -

<b>Staff Expense Report</b>								
Organization:	SNAP	Grant #:	20-46108-29/19HCD2390	City Clerk #:	OPR 2019-0787			
Prepared By:		Title:		Date:				
Please complete the table for all STAFF expenses for the reported period. Signed timesheets MUST be attached.								
Name	Activity Funded	Total Hours Worked (100% of time on ALL activities)	Hours Worked on Listed Activity	Total Salary and Fringe paid to Employee	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total Billed to this Grant	Match Contribution this Period
Example: Doe, John	Case Management	80.00	60.00	\$ 1,200.00	\$ 818.00	\$ 82.00	\$ 900.00	\$ -
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<b>Total Staff Expenses Requested this Period</b>					\$ -	\$ -	\$ -	\$ -

**Housing Assistance Detail Report**

Organization: SNAP		Grant #: 20-46108-29/19HCD2390				City Clerk #: OPR 2019-0787						
Prepared By:		Title:				Date:						
HMIS Client ID	Assistance Type (Rent Assistance, Application Fee, Security Deposit, etc.)	Unit and FMR Information				Client Lease Information				Reimbursement Information		
		Property Address	Unit Number	Unit Size	FMR or reasonable rent	Contract Rent	Utility Allow.	Rental Deposit	Gross Rent	Total Tenant Payment	Due from City	Due from Tenant
<b>Total Billed to City</b>										\$	-	

**Housing Assistance Adjustment Report**

Organization: SNAP		Grant #: 20-46108-29/19HCD2390		City Clerk #: OPR 2019-0787						
Prepared By:		Title:		Date:						
Client ID	Unit Address and Number	Reason for Adjustment	Original Billing Period	Original Amount Charged to Grant	Revised Amount Charged to Grant	Difference (Due To)/From Grant	Original Amount Charged to Tenant	Revised Amount Charged to Tenant	Difference (Due To)/From Tenant	
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<b>Total Billed to City</b>							\$ -			



**Program Income Report**

Organization: SNAP	Grant #: 20-46108-29/19HCD2390	City Clerk #: OPR 2019-0787
Prepared By:	Title:	Date:

Please complete the table for ALL expenses paid with Program Income prior to the request for reimbursement of grant funds for the reported period.

Expense Category (Support Services, Operating Expenses, etc.)	Expense Type (Rent, Maintenance, Furnishings, Case Management etc.)	Amount	Notes
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<b>Total Expenses Paid with Program Income Requested this Period</b>		\$ -	



**City of Spokane**  
**AGREEMENT AMENDMENT B**  
Title: Rapid Re-Housing for Families Program

This Agreement Amendment is made and entered into by and between the **City of Spokane** as (“City”), a Washington municipal corporation, and **Catholic Charities of Spokane**, whose address is 12 East 5<sup>th</sup> Avenue, Spokane, Washington 99201 as (“GRANTEE”).

*WHEREAS, the parties entered into an Agreement wherein the GRANTEE agreed to administer for the City the Rapid Re-Housing for Families Program; and*

*WHEREAS, a change or revision of the work has been requested, thus the original Agreement needs to be formally Amended by this written document and*

*WHEREAS, additional funds are necessary to complete the Project, thus the original Agreement needs to formally Amended by this written document; and*

*WHEREAS, additional funding has been made available under the Program Year 2019 Consolidated Homeless Grant, Grantor Award # 20-46108-29; and*

*WHEREAS, the parties desire to increase funding and modify the corresponding Project budget and to supplant the original Agreement billing form Attachment referenced as part of the original Agreement documents; and*

*-- NOW, THEREFORE, in consideration of these terms, the parties mutually agree as follows:*

**1. CONTRACT DOCUMENTS.**

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**2. EFFECTIVE DATE.**

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**3. AMENDMENT.**

**SECTION NO. 3 – BUDGET.** The total amount City shall pay GRANTEE is increased by **ONE HUNDRED FORTY ONE THOUSAND TWO HUNDRED FIFTY ONE AND NO/100 DOLLARS (\$141,251.00)** for everything furnished and done under this Amendment which equates to a new total Agreement amount not to exceed **SIX HUNDRED FORTY ONE THOUSAND THREE HUNDRED NINETY FIVE AND NO/100 DOLLARS (\$641,395.00)** for everything furnished and done under the original Agreement and this Amendment. This is the maximum amount to be paid under this Amendment and original Agreement, and shall not be exceeded without the prior written authorization of the City, memorialized with the same formality as the original Agreement and this Amendment document. The original Agreement BUDGET chart is modified as follows (this budget chart entirely replaces the budget chart portrayed in SECTION NO. 3 {page 3} of the original Agreement):

<u>Category</u>	<u>Amount</u>
Rental Assistance	\$302,572
Operations	\$308,968
Administration	\$29,855
TOTAL	\$641,395

**4. AMENDMENT.**

SECTION NO. 8.B.3 – PAYMENT PROCEDURES. The original Agreement is amended as follows:

The CITY shall reimburse the GRANTEE only for actual incurred costs upon presentation of accurate and complete reimbursement forms as provided by the CITY in ~~Attachment B~~ Attachment 2 and approved by the CITY. Only those allowable costs directly related to this Agreement shall be paid. The amount of each request must be limited to the amount needed for payment of eligible costs.

Requests for reimbursement by GRANTEE shall be submitted no more than once per month on or before the 10<sup>th</sup> of each month for the previous month’s expenditures as directed below, using the forms provided by the CITY in ~~Attachment B~~ Attachment 2. For expenses incurred during the month of December, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of January, and for expenses incurred during the month of June, the reimbursement request shall be submitted on or before the 8<sup>th</sup> of July. In conjunction with each reimbursement request, GRANTEE shall certify that services to be performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other founding source. GRANTEE shall submit reimbursement requests to the CITY’s Contract Representative designated on the FACE SHEET of this Agreement either by mail to the address listed above or by e-mail to [chhsreports@spokanecity.org](mailto:chhsreports@spokanecity.org).

a. Reimbursement Requests

The GRANTEE shall submit comprehensive invoice packets for the first and last months of the period of performance as identified on the FACE SHEET of this Agreement. Comprehensive invoices must include the billing form, sub-reports, general ledger, and complete supporting documentation. The CITY may request a comprehensive invoice in lieu of a monthly invoice for monitoring purposes throughout the period of performance of this Agreement.

With the exception of the invoices for the first and last months of the project, the GRANTEE shall submit monthly invoices that include the billing form, appropriate sub-reports (e.g. payee expense detail, staff expense detail, housing assistance detail report, program income), and the general ledger report for the applicable month. The GRANTEE shall maintain appropriate supporting documentation, including copies of receipts, time and effort tracking, and proof of payment.

b. Payment

Payment will be made via direct deposit/ACH within thirty (30) days after receipt of the GRANTEE’s application except as provided by state law. If the CITY objects to all or any portion of the invoice, it shall notify the GRANTEE and reserves the right to only pay that portion of the invoice not in dispute. In that event, the parties shall immediately make every effort to settle the disputed amount.

In the event that the CITY determines that any funds were expended by the GRANTEE for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, the CITY may order repayment of the same. The GRANTEE shall remit the disallowed amount to the CITY within thirty (30) days of written notice of the disallowance.

- i. The GRANTEE agrees that funds determined by the CITY to be surplus upon completion of the Agreement will be subject to cancellation by the CITY.
- ii. The CITY shall be relieved of any obligation for payments if funds allocated to the CITY cease to be available for any cause other than misfeasance of the CITY itself.
- iii. The CITY reserves the right to withhold payments pending timely delivery of program reports or documents as may be required under this Agreement.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Agreement Amendment by having legally-binding representatives affix their signatures below.

**CATHOLIC CHARITIES OF SPOKANE**

By \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

**CITY OF SPOKANE**

By \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

Attest:

\_\_\_\_\_  
City Clerk

Approved as to form:

\_\_\_\_\_  
Assistant City Attorney

**Attachments that are part of this Agreement:**  
Attachment 1 – Debarment Certification  
Attachment 2 – REVISED Grantee Billing Form

**ATTACHMENT 1**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION**

1. The undersigned (i.e., signatory for the Subrecipient / Contractor / Consultant) certifies, to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
  - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
  - d. Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.

2. The undersigned agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.

3. The undersigned further agrees by signing this contract that it will include the following clause, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

1. The lower tier contractor certified, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.

4. I understand that a false statement of this certification may be grounds for termination of the contract.

<u>Catholic Charities of Spokane</u> Name of Subrecipient / Contractor / Consultant (Type or Print)	<u>Rapid Re-Housing for Families</u> Program Title (Type or Print)
_____ Name of Certifying Official (Type or Print)	_____ Signature
_____ Title of Certifying Official (Type or Print)	_____ Date (Type or Print)

## Information & Instructions for Completing Grantee Billing Form & Itemized Expense Reports

A reimbursement request, otherwise known as a bill or invoice, consists of a Grantee Billing Form, Payee Expense Report, Staff Expense Report and detailed documentation of the expenses. The billing form includes the approved budget categories and amounts during the active performance period of the Agreement. The Payee Expense Report and Staff Expense Report should be completed to detail each itemized expense being requested on the billing form in the Current Expense Request in Column B in aggregate value for each Approved Budget Category for the current expense period.

You should bill monthly for expenditures. If there have been no expenditures paid for the previous month, an invoice is not required. Please submit a final reimbursement request with all required documentation by the identified date in your Agreement. A final program report will be required to be submitted as well. You will not be paid until all documentation and final reports are received. HMIS Data MUST be electronically posted in the HMIS database before invoices will be paid.

Complete the Staff Expense Report for each employee you are requesting reimbursement of salary and fringe benefits based on the allowed activity and amount of actual time spent performing that activity. Record the employee Name, allowed Activity being funded, the Expense Category of the approved budget applicable to the activity, Total Hours Worked, Hours Worked on Listed Activity, and Total Salary & Fringe paid during the Expense Period. If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. Total Salary and Fringe should be reflected as the monthly amount. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a single project.

Complete the Payee Expense Report for the project expenses that are not staff salary/benefits or housing assistance. Record the Payee (who you paid), Expense Category (Rapid Re-Housing, Emergency Shelter or Administration), Expenditure Type (Rent, Housing Stabilization, Program Operations, etc.), Total Bill (total amount of expense). If you are claiming indirect costs, indicate whether or not each expense is included in your indirect cost base. If your grant supports more than one project, complete the Project Name column to clearly associate each expense with a

Complete the Housing Assistance Detail Report for each housing assistance expense (rental application fees, rental assistance, security deposits, etc.) you are claiming reimbursement for. Record the HMIS client ID number, housing assistance expense type (application fee, security deposit, rent assistance, etc.) unit/FMR info if known, client lease information if known, and reimbursement information. If your grant is providing housing assistance through two or more projects, complete a Housing Assistance Detail Report for each one. If needed, complete the Housing Assistance Adjustment Report to explain changes to previously reported housing assistance expenses charged to the grant including Adjustment Reason.

Complete the Match Report for any project requiring a match contribution in accordance with the Agreement. Record the expense, match type, and cost information and submit it in conjunction with the reimbursement request on the schedule as listed in the Agreement. Do not submit the Match Report if you are not claiming match.

Complete the Program Income Report for any program income earned by the project. Record the expense information, amount, and any notes in the report and submit it in conjunction with the reimbursement request. Do not submit the Program Income Report if the project did not earn program income.

**The billing form and itemized expense reports MUST be signed in ink. The formulas should not be changed or adjusted in the form(s).**

### Completing the Grantee Billing Form:

- Name and address of your organization requesting reimbursement.

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- Expense Period (should bill as monthly expenses, January, February, etc.)

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- Enter total amount of Monthly Actual in Column B to represent the amount requested for reimbursement for the current period in the line item category of the approved budget (i.e. - Rapid Re-Housing, Emergency Shelter and Administration) and should reflect the total of itemized expenses on the Payee Expense and Staff Expense Reports. The Payee Expense and Staff Expense Reports must be completed and submitted with the billing form. You may not transfer funds between approved categories without written preapproval from the City.

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- Enter Total Previously Requested in Column C, as applicable to each line item in the approved category of the budget. The

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- Ensure all back up documentation is included for payment processing if you are using any type of the allocation for direct or

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- Sign in ink, provide title, date, email address and telephone number before sending for approval and payment processing to City of Spokane Community, Housing, and Human Services Department.

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## Documentation Required for Billing Forms:

All requests for reimbursement must be supported by documentation necessary to show that the costs charged to the grant funds were incurred during the active performance period of the Agreement, were actually paid out, were allowable items and have been approved by the responsible official within the organization. For example:

**Salary and Fringe** – receipts, payroll reports, timesheets signed by the employee and the immediate supervisor, letters of employment that include rate of pay, benefits and employee withholdings. For staff directly charged to a grant funded program or project time and attendance records should be included as well. Other sources of documentation might include, canceled checks from employees, insurance provider, etc. or evidence of direct deposits which document outlay of expenses. **100% of the time daily must be recorded for all hours worked by activity performed. This is required for all federally funded grant positions.**

**Rent/Utilities** – proof of payment to vendor, rental or lease agreement, utility bills. If the cost of the space or utilities is split between grant funded and other sources, there must be a reasonable method in place to allocate the charges fairly among the sources and the method provided.


**Supplies and Materials (all Goods)** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. It's also helpful to keep information regarding where the supplies are stored and for what program or project are they being used in the organizations' internal file.

**Equipment** – proof of payment to vendor, purchase orders, requisition forms, receipts, and invoices from vendors. Packing slips are only proof of delivery and do not act as an invoice from the vendor. If the item received is an inventorial piece of equipment, the serial number, model, and inventory tag should be noted on the purchase order or invoice from the vendor.

**Other** – proof of payment, receipts, invoices from vendor. Please contact the City for specific questions on required documentation.

**Admin/Indirect Costs** – methodology of application applied in accordance with Federal Guidance on allocation of direct costs for non-profits using the base most appropriate (for federally funded agreements) or applied in accordance with a methodology that the City has approved the use of (for agreements funded with non-federal sources).

If you are allocating either direct expenses or indirect expenses using a rate other than a federally negotiated rate or the de minimis rate (10% MTDC) the use of your allocation plan must be approved by the City prior to you charging the grant program. The allocation should consist of your pooled costs or cost basis and the narrative for the methodology applied to determining the calculated rate or percentage. Direct expenses allocated usually include utilities, rent, agency liability insurance, and may include staff paid time allocated as well.

	<b>City of Spokane</b> <b>Grantee Billing Form</b>  <b>SPOKANE COUNTY FY 2019 CHG</b>	City Clerk #	<b>OPR 2019-0706</b>		
		Vendor ID #	012876		
		FMS Acct #	1540-95571-65410-54201-73902		
<b>SUBMIT BILLING TO:</b>		Submit this form to claim payment for materials, merchandise, and/or services. Show complete detail for each item. <b>Vendor/Claimant Certificate:</b> I hereby certify under perjury that the items and totals listed herein are proper charges for materials, merchandise and/or services furnished, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veteran status. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Services performed under this Agreement do not duplicate any services to be charged against any other grant, subgrant or other funding source.			
City of Spokane Community, Housing, and Human Services Dept. 808 W. Spokane Falls Blvd, 6th Floor Spokane, WA 99201					
<b>GRANTEE (Warrant is to be payable to:)</b>					
Catholic Charities 12 E. 5th Ave Spokane, WA 99202					
<b>Grantee Certification</b>					
Project/Program:	Rapid Re-Housing for Families			<b>By:</b>	
Award Number:	20-46108-29/19HCD2390			(SIGN IN INK)	
Grant Term:	07/01/2019 - 06/30/2021				
Indirect Cost Rate:	10% MTDC			(TITLE)	(DATE)
Expense Period:					
Billing Date		(EMAIL ADDRESS)	(TELEPHONE NUMBER)		
	<b>A</b> Grant Budget	<b>B</b> Current Expense Request	<b>C</b> Total Previously Requested	<b>D</b> Grant Balance (A-B-C)	
<b>EXPENSE Categories:</b>					
<b>RENTAL ASSISTANCE</b>					
Rent Payments	\$ 301,492.00	\$ -	\$ 63,357.07	\$ 238,134.93	
Other Housing Cots	\$ 1,080.00	\$ -	\$ 178.50	\$ 901.50	
<b>OPERATIONS</b>					
CE and Diversion Operations	\$ 72,117.00	\$ -	\$ -	\$ 72,117.00	
Flex Funds	\$ 10,423.00	\$ -	\$ -	\$ 10,423.00	
Facility Support & Rent Asst. Ops	\$ 226,428.00	\$ -	\$ 39,389.33	\$ 187,038.67	
<b>ADMINISTRATION</b>					
Administration	\$ 29,855.00	\$ -	\$ 3,938.94	\$ 25,916.06	
<b>GRAND TOTAL</b>	<b>\$ 641,395.00</b>	<b>\$ -</b>	<b>\$ 106,863.84</b>	<b>\$ 534,531.16</b>	
Contract Amount (auto populated)	\$ 641,395.00	% Expended:	16.66%		
Total Expended to Date (auto populated)	\$ 106,863.84	% Remaining:	83.34%		
Contract Remaining Balance	\$ 534,531.16				
<input type="checkbox"/> ← Check box if final request.			CHHS Approval:		



**Payee Expense Report**

Organization: CCEW

Grant #: 20-46108-29/19HCD2390

City Clerk #: OPR 2019-0706

Prepared By:

Title:

Date:

Please complete the table for ALL (non-Staff) expenses for the reported period. Copies of receipts and invoices MUST be attached.

Payee/Vendor Name	Expense Category (Support Services, Operating Expenses, etc.)	Expenditure Type (Rent, Maintenance, Furnishings, Case Management etc.)	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total
EXAMPLE: Avista	Operating Expenses	Utilities	\$ 90.91	\$ 9.09	\$ 100.00
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<b>Total Current Expenses Requested this Period</b>			\$ -	\$ -	\$ -

<b>Staff Expense Report</b>								
Organization:	CCEW	Grant #:	20-46108-29/19HCD2390	City Clerk #:	OPR 2019-0706			
Prepared By:		Title:		Date:				
Please complete the table for all STAFF expenses for the reported period. Signed timesheets MUST be attached.								
Name	Activity Funded	Total Hours Worked (100% of time on ALL activities)	Hours Worked on Listed Activity	Total Salary and Fringe paid to Employee	Direct Amount Billed to Grant	Indirect Amount Billed to Grant	Total Billed to this Grant	Match Contribution this Period
Example: Doe, John	Case Management	80.00	60.00	\$ 1,200.00	\$ 818.00	\$ 82.00	\$ 900.00	\$ -
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<b>Total Staff Expenses Requested this Period</b>					\$ -	\$ -	\$ -	\$ -

**Housing Assistance Detail Report**

Organization: CCEW		Grant #: 20-46108-29/19HCD2390				City Clerk #: OPR 2019-0706						
Prepared By:		Title:				Date:						
HMIS Client ID	Assistance Type (Rent Assistance, Application Fee, Security Deposit, etc.)	Unit and FMR Information				Client Lease Information				Reimbursement Information		
		Property Address	Unit Number	Unit Size	FMR or reasonable rent	Contract Rent	Utility Allow.	Rental Deposit	Gross Rent	Total Tenant Payment	Due from City	Due from Tenant
<b>Total Billed to City</b>										\$	-	

**Housing Assistance Adjustment Report**

Organization: CCEW		Grant #: 20-46108-29/19HCD2390		City Clerk #: OPR 2019-0706						
Prepared By:		Title:		Date:						
Client ID	Unit Address and Number	Reason for Adjustment	Original Billing Period	Original Amount Charged to Grant	Revised Amount Charged to Grant	Difference (Due To)/From Grant	Original Amount Charged to Tenant	Revised Amount Charged to Tenant	Difference (Due To)/From Tenant	
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<b>Program Income Report</b>			
Organization:	CCEW	Grant #:	20-46108-29/19HCD2390
City Clerk #:	OPR 2019-0706	Prepared By:	
Title:		Date:	
Please complete the table for ALL expenses paid with Program Income prior to the request for reimbursement of grant funds for the reported period.			
<b>Expense Category (Support Services, Operating Expenses, etc.)</b>	<b>Expense Type (Rent, Maintenance, Furnishings, Case Management etc.)</b>	<b>Amount</b>	<b>Notes</b>
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<b>Total Expenses Paid with Program Income Requested this Period</b>		<b>\$ -</b>	